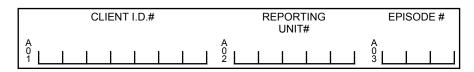
CLIENT FACE SHEET CLIENT DATA

				CONFID						Γ	Δ		CLIENT	Г I.D.#	
CLIENT INFOR		NT SCRE	EN)	-		RNIA WE									
CLIENT NAME	LAS					FIF	RST						MIDD	LE	
			111			11	11		11		11	11	11		111
AKA or MAIDEN I	AST NAME	· · · · · ·			<u></u>	FIF	RST	<u></u>		• •			MIDD		
			111			11	11		11		11	11	11		
SEX ETI	HNICITY	-	F BIRTH			DATE DEAT			CIAL SEC		Y#		OTHER	'S MAIDEN I	NAME
B B 0 0 2 3		B 0 4		AGE	B 0 5	DEAT	п	B 0 6				B 0 7			
	T ADDRESS/H	OUSE # and	DIRECTIO	N			STREE	T NAME	-		STREE	T TYPE	Ξ	APT/FL	OOR
B 0 8															
B 0 9	ΤY	STATE B 1 0	ZIP	COUN B 1 1	E	AREA B CODE			r Phone Number		AF B CC 1 4	REA DDE	0	BUSINESS THER NUM	
ENGLISH SPEAKIN C YES/NO	-	MARY GUAGE	HAND C 0 3		HIGHE GRAE						Y OF RESF	р.			
			•	4			0		υ				I		
							ELATIC	NSHIP			REA		TELEPH	HONE NUME	BER
D 0 1						D 0 2				D C(0 3	DDE				
AD D 0 4	DRESS/STREE	T			CITY		ST	ATE	ZI	Ρ					
FINANCIAL DA	ТА														
UMDAP DATE	REPT L	INIT	FAN	/ILY INCO	ME			RCE OF OME		DE	NO. O Pende			ANNUAL LIABILITY	,
E 0 1	E 0 2		E 0 3			E 0 4				E 0 5			E 0 6		
FINANCIAL RES	<u>SPONSIBILI</u>	TY (INDIC	ATE EA		MENT	SOUR		ITH A	"Y")					1	
COUNTY	SD/MED	I-CAL	CLIEN FAM		М	EDICARE	Ξ	СН	IAMPUS			SURANO RD PAF		UNKN	OWN
E 0 7															
HMO-PHP PLA	N NAME	HMC	-PHP	ME	EDICAR	E NUMBE	R								
E 0 8		E 0 9		E 1 0											
ADDITIONAL FI		NFORMA	FION (EF		EEN)										
MEDI-CAL ID	or CLIENT ID N	10.	EFF. DAT MO/YR		4-HOUR TE COD			TY WITH CAL RE							
COUNTY AIE) WELFAR	E/BEN. F 0 3		F 0		F 05									
SFPR/COORDIN			N	Å		5									
SFPR/Coord ID C	Dr NAME LAS			ld) Fl	RST (No	ot a Data	Entry F	ield)	ARE			F	Phone N	lumber	
Special GROUP G 1	G 0 2								COD G 3	E					
PROVIDER NO.		PROVIDER	NAME (No	ot a Data E	ntry Fiel	d)			Level of (LE DA	TE (Not	a Data Entry	Field)
G 0 4	G 0 5								G 0 6		G 0 7				

CLIENT FACE SHEET EPISODE DATA

CONFIDENTIAL CLIENT INFORMATION SEE CALIFORNIA WELFARE AND INSTITUTIONS CODE 5328



EPISODE INFORMATION (EPIS SCREEN) ADMISSION DATA

CLIEN	IT NAME LAST						FIR	ST				MIDDLE		
A 0 4														
	PATIENT FILE#			ADMIT	DATI	E		ITAL TUS		EMPLOY STATUS		LEGAL STATUS		LIVING ARRANGE
H 0 1			H 0 2				H 0 3		H 0 4		H 0 5		H 06	
	PRIMARY THERAPIS LAST NAME, FIRST I.			STAFF CODE			WARD NO.		ERRAL CODE	REFERRA REPORTING		24-HOUR ACTIVITY CO		AUTH OF MINOR
H 0 7			H 0 8			H 0 9		H 1 0		H 1 1		H 1 2		H 1 3
INTENT OF SERVICE PRIMARY PROBLEM AREA 1. Assessment H 2. Improvement H 1 2. DD 5. Mentally					ug Abuse entally Disorder	ed Off	24-H NEC 부	IR AI CESS						
4	3. Maintenance		1 5	ַר	3.	-	holism	L			00.011	6		

ADMIT/CURRENT DIAGNOSIS

AXIS V CODE GAF	PRINCIPAL DSM	DSM IV CODE				DSM IV CODE	
I 0 1	 0 2				 0 3		
DUAL DIAGNOSIS	DUAL CODE	OTHER DSM IV ICD9 DIAGNOSI	-	Ċ	CODE	AXIS IV CODE Psychosocial	
1 0 4		 0 5				 0 6	

DISCHARGE DATA

DISCHARGE DATE	MARITAL STATUS	EMPLOY STATUS	LIVING ARRANGEMENT	CURR ON DISC	PRINCIPAL DSM IN	NCIPAL DSM IV DIAGNOSIS		
J 0 1	J 0 2	J 0 3	J 0 4	J 0 5	J 0 6			
SECONDARY DSM IV DIAGNOSIS DSM IV CODE				OTHER DSM IV o ICD9 DIAGNOSIS		ICD-9 CODE	AXIS V CODE GAF	
J 0 7			J 0 8				J 0 9	
REFERRAL OUT REFERRAL OUT REPORTING UNIT CODE J J 1 0 1				R PATIENT US CODE				

MH 224B 10-99

CLIENT FACE SHEET CLIENT BIRTH DATA

CONFIDENTIAL CLIENT INFORMATION SEE CALIFORNIA WELFARE AND INSTITUTIONS CODE 5328

CLIENT I.D.#											
								1			

CLIENT INFORMATION (CLNH SCREEN)

	PLACE OF BIRTH				
COUNTY	STATE	COUNTRY	MOTHER'S FIRST NAME		
CLIENT BIRTH NA	ME LAST	<u>I</u>	FIRST	MIDDLE	SUFFIX

CLIENT FACE SHEET PERIODIC DATA

CONFIDENTIAL CLIENT INFORMATION SEE CALIFORNIA WELFARE AND INSTITUTIONS CODE 5328

CLIENT I.D.#

PERIODIC INFORMATION (CLNP SCREEN)

CLIENT NAME	LIENT NAME LAST				MIDDLE	
EDUCATION LEVEL EMPLOYMENT			LIVING ARRANGEMENT			
0 4	0 4		0 6			
CONSERVATORSHI	CONSERVATORSHIP AXIS IV CODE		AXIS V GAF	1		
L 0 1	 0 6		GAI 0 1			
	THER FACTORS	OTHER FACTORS	DUAL CODE	1		
L Physical L 0 2 3	טט	L Duai 0 4	0 4			

No data entry in shaded areas.

Complete upon admission, annually and Discharge