

**COUNTY OF LOS ANGELES  
DEPARTMENT OF MENTAL HEALTH**

**CLIENT FACE SHEET  
CLIENT DATA**

**CONFIDENTIAL CLIENT INFORMATION  
SEE CALIFORNIA WELFARE AND  
INSTITUTIONS CODE 5328**

CLIENT I.D.#										
A 0 1										

**CLIENT INFORMATION (CLNT SCREEN)**

CLIENT NAME										LAST										FIRST										MIDDLE									
A 0 4																																							
AKA or MAIDEN LAST NAME										FIRST										MIDDLE																			
B 0 1																																							
B 0 2	SEX			B 0 3	ETHNICITY			B 0 4	DATE OF BIRTH			B 0 5	ESTIMATED AGE			B 0 6	DATE OF DEATH			B 0 7	SOCIAL SECURITY#			MOTHER'S MAIDEN NAME															
B 0 8	CLIENT ADDRESS/HOUSE # and DIRECTION										STREET NAME					STREET TYPE			APT/FLOOR																				
B 0 9	CITY			B 1 0	STATE		B 1 1	ZIP		B 1 2	COUNTY		B 1 4	AREA CODE		CLIENT PHONE HOME NUMBER			B 1 4	AREA CODE		BUSINESS/ OTHER NUMBER																	
C 0 1	ENGLISH SPEAKING YES/NO		C 0 2	PRIMARY LANGUAGE			C 0 3	HANDICAP		C 0 4	HIGHEST GRADE		C 0 5	VETERAN		C 0 6	AGENCY OF PRIMARY RESP.																						

**EMERGENCY CONTACT INFORMATION**

D 0 1	NAME					D 0 2	RELATIONSHIP			D 0 3	AREA CODE		TELEPHONE NUMBER		
D 0 4	ADDRESS/STREET				CITY			STATE		ZIP					

**FINANCIAL DATA**

E 0 1	UMDAP DATE		E 0 2	REPT UNIT		E 0 3	FAMILY INCOME			E 0 4	SOURCE OF INCOME			E 0 5	NO. OF DEPENDENTS		E 0 6	ANNUAL LIABILITY	

**FINANCIAL RESPONSIBILITY (INDICATE EACH PAYMENT SOURCE WITH A "Y")**

E 0 7	COUNTY		SD/MEDI-CAL		CLIENT OR FAMILY		MEDICARE		CHAMPUS		INSURANCE/ THIRD PARTY		UNKNOWN	
E 0 8	HMO-PHP PLAN NAME			HMO-PHP		MEDICARE NUMBER								

**ADDITIONAL FINANCIAL INFORMATION (EPI2 SCREEN)**

MEDI-CAL ID or CLIENT ID NO.			EFF. DATE MO/YR		24-HOUR LATE CODE		CTY WITH FISCAL RESP		
F 0 1	F 0 2	WELFARE/BEN.		F 0 3	F 0 4	F 0 5			

**SFPR/COORDINATOR INFORMATION**

G 0 1	SFPR/Coord ID Or Special GROUP		NAME LAST (Not a Data Entry Field)				FIRST (Not a Data Entry Field)				G 0 3	AREA CODE		Phone Number		
G 0 4	PROVIDER NO.		PROVIDER NAME (Not a Data Entry Field)						G 0 6	Level of Care		G 0 7	CYCLE DATE (Not a Data Entry Field)			

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DEPARTMENT OF MENTAL HEALTH**

**CLIENT FACE SHEET  
EPISODE DATA**

CONFIDENTIAL CLIENT INFORMATION  
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INSTITUTIONS CODE 5328

CLIENT I.D.#	REPORTING UNIT#	EPISODE #
A 0 1	A 0 2	A 0 3

**EPISODE INFORMATION (EPIS SCREEN)  
ADMISSION DATA**

CLIENT NAME LAST	FIRST	MIDDLE
A 0 4		
H 0 1	H 0 2	H 0 3
H 0 4	H 0 5	H 0 6
H 0 7	H 0 8	H 0 9
H 1 0	H 1 1	H 1 2
H 1 3	H 1 4	H 1 5
H 1 6	H 1 7	H 1 8

**ADMIT/CURRENT DIAGNOSIS**

AXIS V CODE GAF	PRINCIPAL DSM IV DIAGNOSIS	DSM IV CODE	SECONDARY DSM IV DIAGNOSIS	DSM IV CODE
I 0 1	I 0 2	I 0 3		
I 0 4	I 0 5	I 0 6		

**DISCHARGE DATA**

DISCHARGE DATE	MARITAL STATUS	EMPLOY STATUS	LIVING ARRANGEMENT	CURR ON DISC	PRINCIPAL DSM IV DIAGNOSIS	DSM IV CODE
J 0 1	J 0 2	J 0 3	J 0 4	J 0 5	J 0 6	
J 0 7	J 0 8	J 0 9				
J 1 0	J 1 1	J 1 2				

**COUNTY OF LOS ANGELES  
DEPARTMENT OF MENTAL HEALTH**

**CLIENT FACE SHEET  
CLIENT BIRTH DATA**

**CONFIDENTIAL CLIENT INFORMATION  
SEE CALIFORNIA WELFARE AND  
INSTITUTIONS CODE 5328**

CLIENT I.D.#   _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
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**CLIENT INFORMATION (CLNH SCREEN)**

PLACE OF BIRTH					
COUNTY	STATE	COUNTRY	MOTHER'S FIRST NAME		
CLIENT BIRTH NAME LAST			FIRST	MIDDLE	SUFFIX
_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

**COUNTY OF LOS ANGELES  
DEPARTMENT OF MENTAL HEALTH**

**CLIENT FACE SHEET  
PERIODIC DATA**

**CONFIDENTIAL CLIENT INFORMATION  
SEE CALIFORNIA WELFARE AND  
INSTITUTIONS CODE 5328**

CLIENT I.D.#									
A 0 1									

**PERIODIC INFORMATION (CLNP SCREEN)**

CLIENT NAME																			
LAST					FIRST					MIDDLE									
A 0 4																			
EDUCATION LEVEL			EMPLOYMENT			LIVING ARRANGEMENT													
C 0 4						H 0 4						H 0 6							
CONSERVATORSHIP			AXIS IV CODE			AXIS V GAF													
L 0 1						I 0 6						I 0 1							
OTHER FACTORS Physical		OTHER FACTORS DD		OTHER FACTORS Dual		DUAL CODE													
L 0 2						L 0 3						L 0 4							

No data entry in shaded areas.

Complete upon admission, annually and Discharge