

Effective Date		Author	
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Client Record

Client ID			
First Name at Birth		Last Name at Birth	
Middle Name at Birth		Suffix at Birth	
Mother's First Name		Date of Birth	
Place of Birth - Country		Place of Birth - State	
Place of Birth – County		Gender	
Primary Language		Preferred Language	
Is the client of Hispanic or Latino ethnicity?		Race(s)	

Additional Client Information

Current First Name		Current Last Name	
Current Middle Name		Current Suffix	
Social Security Number		Client Index Number (CIN)	
Has the client experienced a traumatic event?		Special Population	

CSI Standalone Collection

Client is being admitted to an acute 24-hour Mental Health Service

Legal class at Admission

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Admission Necessity Code

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Client is being discharged from an acute 24-Hour Mental Health Service

Legal class at Discharge

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Patient Status Code

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General Medical Condition(s)

1.	
2.	
3.	

Does the client have a Substance Abuse/Dependence issue?

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Periodic Record

Current Employment Status

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Highest Completed Education Level

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Conservatorship/Court Status

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Living Arrangement

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CSI Standalone Collection

# of persons under the age of 18 the client is responsible for more than 50% of the time	
# of persons over the age of 17 the client is responsible for more than 50% of the time	

Signature		Date	
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Printed Name & Credentials	
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