Alameda County Behavioral Health Care Services
Mental Health Division

CLIENT EPISODE SUMMARY

Confidential Patient Information

See Welfare & Institution Code 5328:

(Print Legibly)   Open ☐   Close ☐   Update ☐

1 Client Name: Last _____ First _____ MI: ____

2 Client Number ☐☐☐☐☐☐☐☐

3 Reporting Unit #: ☐☐☐☐☐

Episode Opening

4 Client Address _____
   Street   City   State   Zip   Phone

5 Opening Date ☐☐ ☐☐ ☐☐☐☐   6 Referred From ☐☐☐☐☐   7 Legal Status ☐☐☐☐☐

8 Diagnoses:

Axis I ☐☐☐ . ☐☐ ☐   **Axis II** ☐☐☐ . ☐☐ ☐   **Axis III** ☐☐☐ . ☐☐   **Axis IV** ☐

◄ Enter one "P" for Principal Diagnosis and one "S" for Secondary Diagnosis

Axis V   Current ☐☐   Past Year ☐☐
_____

Additional Diagnoses: Axis I ☐☐☐ . ☐☐ ☐   Axis II ☐☐☐ . ☐☐ ☐   Axis III ☐☐☐ . ☐☐

9 Clinician _____ ☐☐☐☐   10 Physician _____ ☐☐☐☐

11 Source of Income ☐☐   12 Living Situation ☐☐   13 Employment Status ☐☐

14 Type of Employment ☐☐   15 Legal Consent ☐

Episode Closing

1 Client Address _____
   Street   City   State   Zip   Phone

2 Closing Date ☐☐ ☐☐ ☐☐☐☐   3 Legal Status ☐☐☐☐☐

4 Diagnoses:

Axis I ☐☐☐ . ☐☐ ☐   **Axis II** ☐☐☐ . ☐☐ ☐   **Axis III** ☐☐☐ . ☐☐   **Axis IV** ☐

◄ Enter one "P" for Principal Diagnosis and one "S" for Secondary Diagnosis

Axis V   Current ☐☐   Past Year ☐☐
_____

Additional Diagnoses: Axis I ☐☐☐ . ☐☐ ☐   Axis II ☐☐☐ . ☐☐ ☐   Axis III ☐☐☐ . ☐☐

5 Living Situation ☐☐   6 Employment Status ☐☐

7 Referred To ☐☐☐☐☐ _____

   Referred To ☐☐☐☐☐ _____

   Referred To ☐☐☐☐☐ _____

8 Discharge Status ☐☐

Completed by   Opening _____   Date _____

                Closing _____   Date _____

MHS Client Episode Form.doc (01/06)

EPISODE - OPENING

Item 6 - Referred From – The codes below are an alternative to the 5-6 digit program/agency referral codes.

01 = Self	15 = CRTS Program	41 = Medical Outpatient
02 = Family	17 = Jail	42 = Convalescent Hospital
03 = Friends	20 = Acute Day Treatment	43 = Department Social Service
04 = Employer	21 = Habilitative Day Treatment	44 = Criminal Justice
05 = Other	30 = Emergency Psychiatric	45 = Drug Abuse Program
06 = County Resident	31 = Suicide & Crisis	46 = Alcohol Abuse Program
10 = State Hospital (MH)	32 = Outpatient Clinic	47 = School/College
11 = State Hospital (DD)	33 = Private Mental Health Practice	48 = Vocational Rehabilitation Program
12 = Other Psychiatric Hospital	37 = Case Management	49 = Veterans Administration
13 = Psychiatric SNF	38 = Homeless Program	50 = Clergy or Religious Organization
14 = Alternative to Hospitalization	40 = Medical Inpatient	51 = Other Human Service Organization

Item 7 – Legal Status – The codes below are only the most commonly used Legal Status codes.

W60000 = Voluntary	W52700 = Thirty Day Extension for Grave Disability	W53550 = Permanent Conservatorship
W51500 = 72 Hour Hold	W53000 = 180 Day Post Certification	W53551 = Permanent Conservatorship Extension
W55850 = 72 Hour Hold for Minor	W53520 = Temporary Conservatorship	P10260 = Not Guilty by Reason of Insanity
W52500 = First 14 Day Hold	W53521 = Temporary Conservatorship Extension	P13680 = Incompetent To Stand Trial
W52600 = Second 14 Day Hold		

Item 8 - Diagnoses

- Axis I and Axis II: Enter five-digit diagnostic codes with a decimal point (period) between the third and fourth digits: for example, 296.44. Some codes have a "V" as the initial digit: for example, V71.09. Ask your system manager for the codes. You must enter data in these fields. (These two fields have "P" and "S" to their right, to indicate which is the primary and which is the secondary diagnosis.)
- Axis III: Enter an Axis III ICD 9 diagnosis code (optional).
- Axis IV: Enter a code determined by the local agency. See MHS INSYST Mini Manual for the codes. You must enter data in this field.
- Axis V Current and Past: Enter assessments of the client's current and past functioning using the Spitzer GAF Scale. Numbers from 00 to 90 are valid. You must enter data in these fields: if unknown, enter "UK".

Item 11 – Source of Income

0 = Not Collected	2 = Earned through Employment	4 = Retirement	6 = Other (e.g. V.A. , Rent, Interest, Dividends, Child Spprt, Alimony)
1 = None	3 = Disability	5 = General or Public Assistance	7 = Unknown

Item 12 – Living Situation

05 = Foster family home (for children)	31 = State Hospital
06 = Single room (hotel, motel, rooming house)	32 = VA Hospital
07 = Group quarters (dorm, barracks, migrant camp, long-term shelter)	33 = SNF/ICF/IMD, for Psychiatric reasons
08 = Group home	34 = SNF/ICF/Nursing home, for physical health reasons
09 = CRTs long-term or transitional housing (Crisis Residential Treatment Services)	35 = General hospital
10 = Satellite housing	36 = Mental Health Rehabilitation Center
13 = House or Apartment	37 = PHF/Inpatient Psych
14 = House or apt. w/support	40 = Drug Abuse facility
15 = House or apt. w/supervision	41 = Alcohol Abuse Facility
16 = Supported housing	42 = Justice Related
20 = Small Board & Care home (6 beds or less)	50 = Temporary Arrangement
21 = Large Board & Care home (7 beds or more)	51 = Homeless, no identifiable county residence
22 = Residential Treatment Center	52 = Homeless, in transit
23 = Community Treatment Facility	98 = Other
24 = Adult Residential/ Social Rehabilitation	99 = Unknown

Item 13 – Employment Status

01 = Competitive job market, 35 hours or more per week	06 = Rehabilitative work, less than 20 hours per week	12 = Unemployed, actively seeking work
02 = Competitive job market, less than 20 hours per week	07 = Rehabilitative work, 20 to 35 hours per week	13 = Unemployed, not actively seeking work
03 = Competitive job market, 20 to 35 hours per week	08 = School, full-time	14 = Retired
04 = Full-time homemaking responsibility	09 = Job training, full-time	15 = Not in the labor force
05 = Rehabilitative work, 35 hours or more per week	10 = Part time school/job training	16 = Unknown
	11 = Volunteer work	17 = Resident/Inmate

Item 14 – Type of Employment

0 = Not Collected	2 = Production, Inspection, Repair, Craft, Handlers	4 = Farming, Forestry, Fishing
1= Executive, Administrative, Managerial	3 = Sales, Service	5 = Unemployed

Item 15 – Legal Consent - This field is normally used to indicate the type of authorization given to treat a minor.

0 = Unknown	C = Murphy	G = Juvenile Court, Dependent of Court
9=Not Applicable	D = Probate	H = Juvenile Court, Ward Status Offender
A = Temporary	E = PC 2974	I = Juvenile Court, Ward Juvenile Offender
B = Lanterman-Petris-Short	F = Representative Payee w/out Conservator	

EPISODE - *CLOSING*

Items 3, 4, 5, 6 & 7 - Refer to appropriate codes listed above.

Item 8 - Discharge Status

1 = Mutual Agreement/Treatment Goals Reached	5 = Client Withdrew: AWOL, AMA No Improvement	9 = Client Incarcerated
2 = Mutual Agreement/Treatment Goals Partially Reached	6 = Client Died	10 = Discharge/Administrative Reasons
3 = Mutual Agreement/Treatment Goals Not Reached	7 = Client Moved Out of Service Area	11 = Other
4 = Client Withdrew: AWOL, AMA, Treatment Partially Completed	8 = Client Discharged/Program Unilateral Decision	