Alameda County Behavioral Health Care Services
Mental Health Division

CLIENT REGISTRATION

Confidential Patient Information
See Welfare & Institution Code 5328

Client Registration ☐   Client Update ☐   Data Entry Initials ☐

Reporting Unit Number ☐☐☐☐☐

Client Number ☐☐☐☐☐☐☐

(Print Legibly)
☐1 Client Name

Telephone Number ☐☐☐ ☐☐☐ ☐☐☐☐
(Not entered in INSYST)

☐☐☐

_____   _____   _____   ☐☐☐
        Last Name   First Name   Middle Name   Generation

☐2 Alias (or Maiden) Name

_____   _____   _____   ☐☐☐
        Last Name   First Name   Middle Name   Generation

☐3 Date of Birth

☐☐ ☐☐ ☐☐☐☐
Month   Day   Year

☐4 Sex ☐   F - Female
              M - Male
              U - Unknown

☐5 Social Security Number
☐☐☐ ☐☐ ☐☐☐☐

☐6 Education ☐☐

00	None	Indicate Highest grade
01-20	Grade Levels	completed, if higher
99	Unknown	than 20, use 20.

☐7 Physical Disability ☐☐   Circle and add disability codes below

00	None	08	Physical Impairment/Mobility
01	Severe Visual Impairment	16	Developmentally Disabled
02	Severe Hearing Impairment	32	Other Physical Impairment
04	Speech Impairment	99	Unknown

☐8 Preferred Language ☐   ☐9 Ethnicity A. ☐ B. ☐   ☐10 Marital Status ☐   ☐11 Other Factors ☐

☐12 Client Birth Name

_____   _____   _____   ☐☐☐
        Last Name   First Name   Middle Name   Generation

☐13 Birth Place ☐☐ ☐☐ ☐☐
       County State Country

☐14 Mother's First Name _____

☐15 Prior Psych Hosp. ☐ (0=No, 1=Yes, 9=Unknown)   ☐16 AB3632 ☐ (Enter Upper Case Y/N)

☐17 Client Address: _____
                      Street

_____
City   State   Zip   Phone

☐18 _____   _____   _____
     Significant Other's Name   Relationship   Telephone

_____
Significant Other's Address

Completed by_____ Date_____

MHS Client Registration Form.doc (01/05)

CLIENT REGISTRATION

Item 4 - Sex   Enter " F" for female, M" **for Male or "U" for unknown.**

Item 6 - Education   Enter in the number indicating the **highest grade** completed. If the highest grade is greater than 20, enter "20", if the highest grade is unknown then enter "99".

Item 7 - Physical Disability   Section 503 of the Federal Rehabilitation Act of 1973 defines "disability" as a physical or mental impairment that **substantially** limits one or more of the major life activities of the individual, a record of such impairment, or being regarded as having such an impairment.

Circle and add the number codes to create the sum of all of the client's physical disabilities, as stated by the client, and enter the total in this field.

00 None 01 Severe Visual Impairment 02 Severe Hearing Impairment	04 Speech Impairment 08 Physical Impairment/Mobility 16 Developmentally Disabled	32 Other Physical Impairment 99 Unknown

Item 8 - Preferred Language   Enter the **code** which best represents the client's preferred language, that is, the language the client would prefer to speak, as reported by the client.

A English B Spanish C Chinese Dialect D Japanese E Filipino Dialect F Vietnamese G Laotian	H Cambodian I American Sign Language (ASL) J Other K Korean L Russian M Polish N German	O Italian P Mien Q Hmong R Turkish S Hebrew T French U Cantonese	V Mandarin W Portuguese X Armenian Y Arabic Z Samoan	1 Thai 2 Farsi 3 Other Sign Language 4 Other Chinese 5 Ilacano 9 Unknown/Not Reported

Item 9A & 9B - Ethnicity   Enter the **code** which best represents the client's ethnic group as identified by the client.

A White B Black C Native American D Latino E Chinese	F Vietnamese G Laotian H Cambodian I Japanese J Filipino	K Other Asian L Other Non-White M Unknown N Other Southeast Asian Q Korean	R Samoan S Asian Indian T Hawaiian Native U Guamanian V Amerasian X Multiple **(9B ONLY)**

Item 10 - Marital Status

1 Never Married 2 Married/Live Together	3 Widowed 4 Divorced/Dissolved	5 Separated 6 Unknown

Item 11 - Other Factors

0 None 1 Substance Abuse 2 Developmental Disability	3 Substance Abuse & DD 4 Physical Health 5 Substance Abuse & Physical Health	6 DD & Physical Health 7 SA, DD, & Physical Health

Item 17 -Home Address   Enter the client's **home address**. If the client is homeless, enter "homeless" as the street name and indicate the city/zip code where the client lives.

Item 18 - Significant Other   Enter the **name, relationship, telephone number,** and **address**, of any person(s) who has an important relationship with the client. The relationships currently defined are:

Father Mother Son Daughter	Husband Wife Brother Sister	Relative Guardian Conservator Attorney	Friend Partner Employer Minister	Therapist MD / Physician Board Care	Psych Prob Ofr Parole Ofr Other

Completed By   The intake worker **signs** and **dates** the form.