Alameda County Behavioral Health Care Services
Mental Health Division

Client Episode **Closing**
Confidential Patient Information
See Welfare & Institutions Code:5328

Data Entry Initials: _____

Client Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ RU: __ __ __ __ __

Client Name:

Last: _____ First: _____ MI: _____

PLEASE Print Legibly

1: **Client Address:**

Street No.: __ __ __ __ __ __ Direction: __ __ Street Name: _____ Type: __ __ Apt: __ __ __ __

City: _____ State: __ __ Zip Code: __ __ __ __ __ + __ __ __ __ Ph#: (__ __ __)__ __ __ - __ __ __ __

2: Opened: **Display only**   3: Closing Date:__ __ / __ __ / __ __ __ __   4: Discharge Hour: **FIELD NOT USED**   5: Legal:__ __ __ __ __ __

6: Last Service: **DISPLAY ONLY**   7: Trauma: __
                                                      Y=Yes, N=No, U=Unk

8: Initial Diagnostic Impression

Axis 1: __ __ __ . __ __ __   Axis 2: __ __ __ . __ __ __   Axis 3: __ __ __ __ __ __ Axis 4: __ ✱✱ Axis 5: __ __ __ Past: __ __ __

Additional Diagnosis ☞   ☞   **Axis 3 = Gen Med Condition Code (3) or Gen Med Diagnosis**

Axis 1: __ __ __ . __ __ __   Axis 2: __ __ __ . __ __ __   Axis 3: __ __ __ __ __ __
              ☞   ☞

9: Substance Abuse/Dependence

Axis 3: __ __ __ __ __ __   Issue: __ Diagnosis: __ __ __ __ __ __
                                    Y=Yes, N=No, U=Unk

☞ **Enter "P" for Primary Diagnosis and "S" for Secondary Diagnosis**

10: Clinical ID: __ __ __ __ __ 13: ✱✱Living Situation: __ __ 15: Referrals: __ __ __ __ __ / __ __ __ __ __ __ /__ __ __ __ __

11: Physician ID: __ __ __ __ __ 14: ✱✱Employment Status: __ __   16: Reason for Discharge: __ __

12: DNR: **DISPLAY ONLY**   17: Research Item: **FIELD NOT USED**

Stability Rank: **FIELD NOT USED**   Meds Only ?: **FIELD NOT USED**

SOC/CULT TRAUMA: **FIELD NOT USED**   Date of Rating: **FIELD NOT USED**

UC Stab Rank: **FIELD NOT USED**   UC Rating Date: **FIELD NOT USED**

THE INTAKE WORKER SIGNS AND DATES THE FORM

Completed by: _____ Date: _____

✱✱Periodic data must be entered on the CSI Periodic Screen in ADDITION to the Episode Screen.

CLIENT EPISODE CLOSING CODES

NOTE:
Episode Closing screens will show the values entered at the time of Episode Opening. Review and change values as needed. If needed consult the back of the Open Episode form or the "InSyst Table Codes" document for clarification of the table values.

3: **Closing Date**- The current date is displayed. If the current date is not correct enter a closing date. Do not enter a future date or a date before the last service date.

15: **Referrals-** Referral Codes—Source and Destination—can be any program Reporting Unit number in your system. In addition there are number of generic codes. These codes are to be used only when there is no specific mental health reporting unit, or when there is no specific local agency code. The Referral Codes currently defined are:

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

16: **Reason for Discharge**

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