

CLIENT REGISTRATION

Confidential Patient Information
See Welfare & Institution Code 5328

Client Registration

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Client Update

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Data Entry Initials

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Reporting Unit Number

Client Number

(Print Legibly)

Telephone Number

1. Client Name

Last Name

First Name

MI

Gen

2. Alias (or Maiden) Name

Last Name

First Name

MI

Gen

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

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

8. Preferred Language

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A English F Vietnamese
B Spanish G Laotian
C Chinese Dialect H Cambodian
D Japanese I Sign Language
E Filipino Dialect J Other

9. Ethnicity

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A White H Cambodian
B Black I Japanese
C Native American J Filipino
D Latino K Other Asian
E Chinese L Other
F Vietnamese M Unknown
G Laotian N Other Southeast Asian

10. Hispanic Origin

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1 Not Hispanic
2 Mexican/Mexican American
3 Cuban
4 Puerto Rican
5 Other Latino
6 Other Hispanic

11. Marital Status

☐

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

12. Client Address:

Street

City

State

Zip

Phone

13.

Significant Other's Name

Relationship

Telephone

Significant Other's Address

Completed by _____ Date _____

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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 an impairment, or being regarded as having such an impairment.

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	04 Speech Impairment	32 Other Physical Impairment
01 Severe Visual Impairment	08 Physical Impairment/Mobility	99 Unknown
02 Severe Hearing Impairment	16 Developmentally Disabled	

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	C Chinese Dialect	E Filipino Dialect	G Laotian	I Sign Language
B Spanish	D Japanese	F Vietnamese	H Cambodian	J Other

Item 9 - Ethnicity Enter the **code** which best represents the client’s ethnic group as identified by the client.

A White	D Latino	G Laotian	J Filipino	M Unknown
B Black	E Chinese	H Cambodian	K Other Asian	N Other Southeast Asian
C Native American	F Vietnamese	I Japanese	L Other	

Item 10 - Hispanic Origin Enter the appropriate number from the Hispanic origin **codes** listed below to indicate the client’s Hispanic background as identified by the client.

1 Not Hispanic	3 Cuban	5 Other Latino
2 Mexican/Mexican American	4 Puerto Rican	6 Other Hispanic

Item 11 - Marital Status Enter the appropriate number from the marital status **codes** listed to indicate the client’s current marital status.

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

Item 12 - Home Address Enter the client’s **home address**. If the client is homeless, enter “homeless” as the street name and indicate the city where the client lives.

Item 13 - Significant Other Enter the **name, relationship, telephone number,** and **address**, of any person(s) who have an important relationship with the client. The relationships currently defined are:

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

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