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CLIENT EPISODE SUMMARY

Confidential Patient Information

See Welfare & Institution Code 5328:

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

Completed by Opening _____

Date _____

Closing _____

Date _____

EPISODE - OPENING

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

01 = Self 02 = Family 03 = Friends 04 = Employer 05 = Other 06 = County Resident 10 = State Hospital (MH) 11 = State Hospital (DD) 12 = Other Psychiatric Hospital 13 = Psychiatric SNF 14 = Alternative to Hospitalization	15 = CRTS Program 17 = Jail 20 = Acute Day Treatment 21 = Habilitative Day Treatment 30 = Emergency Psychiatric 31 = Suicide & Crisis 32 = Outpatient Clinic 33 = Private Mental Health Practice 37 = Case Management 38 = Homeless Program 40 = Medical Inpatient	41 = Medical Outpatient 42 = Convalescent Hospital 43 = Department Social Service 44 = Criminal Justice 45 = Drug Abuse Program 46 = Alcohol Abuse Program 47 = School/College 48 = Vocational Rehabilitation Program 49 = Veterans Administration 50 = Clergy or Religious Organization 51 = Other Human Service Organization
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Item 7 – Legal Status – The codes below are only the most commonly used Legal Status codes.

W60000 = Voluntary W51500 = 72 Hour Hold W55850 = 72 Hour Hold for Minor W52500 = First 14 Day Hold W52600 = Second 14 Day Hold	W52700 = Thirty Day Extension for Grave Disability W53000 = 180 Day Post Certification W53520 = Temporary Conservatorship W53521 = Temporary Conservatorship Extension	W53550 = Permanent Conservatorship W53551 = Permanent Conservatorship Extension P10260 = Not Guilty by Reason of Insanity P13680 = Incompetent To Stand Trial
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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 1 = None	2 = Earned through Employment 3 = Disability	4 = Retirement 5 = General or Public Assistance	6 = Other (e.g. V.A. , Rent, Interest, Dividends, Child Spprt, Alimony) 7 = Unknown
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Item 12 – Living Situation

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

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

0 = Not Collected 1 = Executive, Administrative, Managerial	2 = Production, Inspection, Repair, Craft, Handlers 3 = Sales, Service	4 = Farming, Forestry, Fishing 5 = Unemployed
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Item 15 – Legal Consent - This field is normally used to indicate the type of authorization given to treat a minor.

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

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

Item 3 - Discharge Status

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