

CLIENT REGISTRATION

Confidential Patient Information
See Welfare & Institution Code 5328

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
01-20
99

None
Grade Levels
Unknown

Indicate Highest grade
completed, if higher
than 20, use 20.

7 Physical Disability

Circle and add disability codes below

00
01
02
04

None
Severe Visual Impairment
Severe Hearing Impairment
Speech Impairment

08
16
32
99

Physical Impairment/Mobility
Developmentally Disabled
Other Physical Impairment
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 _____

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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 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
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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
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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)
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Item 10 - Marital Status

1 Never Married 2 Married/Live Together	3 Widowed 4 Divorced/Dissolved	5 Separated 6 Unknown
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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
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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
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Completed By The intake worker **signs** and **dates** the form.