

CLIENT EPISODE CLOSING DATA ENTRY FORM

Confidential Patient Information
See Welfare & Institutions Code: 5328

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 Status: _____

6: Last Service: **DISPLAY ONLY**

7: Trauma: ____
Y=Yes, N=No, U=Unknown

5: **(!)(*)** Final Diagnostic Impression

Axis 1: _____ Axis 2: _____ Axis 3: Field not used Axis 4: Field not used Axis 5: Field not used

Additional Diagnosis

Axis 1: _____ Axis 2: _____

8: **(!)(*)** Substance Abuse/Dependence

SA Depend: _____ Dx: _____
Y=Yes requires Dx
N=No Dx

(!) ICD10 Dx: 1 to 5: _____, _____, _____, _____, _____

9: **(!) GMC:** _____, _____, _____

Primary Dx: Diagnosis description auto populates from Dx field 1

Secondary Dx: Diagnosis description auto populates from Dx field 2

(General Medical Code)

10: **(!)(*)** Clinical ID: _____

13: **(!)(*)(**)** Living Situation: _____

15: **(!)(*)** Referrals: ____ / ____ / ____

11: **(!) Physician ID:** _____
(Physician, Psychiatrist, & Nurse Pract. also allow)

14: **(!)(*)(**)** Employment Status: _____

16: **(!) Reason for Discharge:** _____

12: DNR: N

~~17: Research Item:~~ **FIELD NOT USED**

THE CLINICIAN SIGNS AND DATES THE FORM

Completed by: _____ Date: _____

(!) MANDATORY FIELDS

(*) Fields are required for CSI data collection.

() CSI Periodic data must be entered on the CSI Periodic Screen in ADDITION to Client Registration 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.

5: **Legal Status** – The codes below are only the most common used Legal Status codes.

- W60000 = Voluntary
- W51500 = 72 Hour Hold for Adult
- 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

9: **General Medical Condition Summary Codes:** Enter up to three General Medical Condition Summary Codes.

01	Arterial Sclerotic	11	Cirrhosis	21	Osteoporosis	31	Physical Disability
02	Heart Disease	12	Diabetes	22	Cancer	32	Stroke
03	Hypercholesterolemia	13	Infertility	23	Blind / Visually	33	Tinnitus
04	Hyperlipidemia	14	Hyperthyroid	24	Chronic Pain	34	Ear Infections
05	Hypertension	15	Obesity	25	Deaf / Hearing	35	Asthma
06	Birth Defects	16	Anemia	26	Epilepsy / Seizures	36	Sexually Transmitted Disease (STD)
07	Cystic Fibrosis	17	Allergies	27	Migraines	37	Other
08	Psoriasis	18	Hepatitis	28	Multiple Sclerosis	99	Unknown/Not Reported General Medical
09	Digestive Disorder	19	Arthritis	29	Muscular Dystrophy	00	No General Medical Condition
10	Ulcers	20	Carpal Tunnel Syndrome	30	Parkinson's Disease		

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	81092	ERMHS
11	State Hospital DD	31	Suicide & Crisis	44	Criminal Justice	46001	ACCESS
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		