

Client Registration

Confidential Patient Information
See Welfare & Institutions Code 5328

Client Registration: Client Update:

Client Number: _____

1. Client Name

Last Name First Name Middle Name Gen

2. Alias (or Maiden Name)

Last Name First Name Middle Name Gen

3. Date of Birth

mm-dd-yyyy

4. Sex

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 Impairment 16 Developmentally Disabled
02 Severe Hearing Impairment 32 Other Physical Impairment
04 Speech Impairment 99 Unknown

8. Preferred Language

See reverse side for Codes

9A. Ethnicity

See reverse side for Codes

9B. Ethnicity

10. Marital Status

See reverse side for Codes

11. Other Factors

12. Medical Record Number

(Other ID Number)

Completed by County operated sites only

13. Client Birth Name

Last Name First Name Middle Name Gen

14. Birth Place
County, State, Country

15. Mother's First Name

16. Periodic Date Completed

Mm-dd-yyyy

17. Prior Psych Hosp.

(0=No, 1=Yes, 9=Unknown)

18. AB3632

(Enter Upper Case N)

19. Client Address

Street City State Zip Phone

20. Significant

Other Name Relationship Phone

Significant Other's Address

Client Registration Codes

8. Preferred Language

A English	L Russian	W Portuguese
B Spanish	M Polish	X Armenian
C Chinese Dialect	N German	Y Arabic
D Japanese	O Italian	Z Samoan
E Filipino Dialect	P Mien	1 Thai
F Vietnamese	Q Hmong	2 Farsi
G Laotian	R Turkish	3 Other Sign
H Cambodian	S Hebrew	4 Other Chinese
I Sign ASL	T French	5 Ilacano
J Other	U Cantanese	9 Unknown/Not Reported
K Korean	V Mandarin	

9A & 9B Ethnicity

A White	L Other Non-White
B Black	M Unknown
C Native American	N Other Southeast Asian
D Latino	Q Korean
E Chinese	R Samoan
F Vietnamese	S Asian Indian
G Laotian	T Hawaiian Native
H Cambodian	U Guamanian
I Japanese	V Amerasian
J Filipino	X Multiple (9B only)
K Other Asian	

10. Marital Status

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

11. Other Factors

0 None	6 DD & Physical Health
1 Substance Abuse	7 SA, DD, & Physical Health
2 Developmental Disability	
3 Substance Abuse & DD	
4 Physical Health	
5 Substance Abuse & Physical	