

# MHS Annual Update

**SmartCare Client ID Number:** \_\_\_\_\_ (For data entry personnel)

Confidential Patient Information  
See Welfare & Institutions Code: 5328

**\*Program:** \_\_\_\_\_

## PLEASE Print Legibly

Highlighted fields with asterisks are required

### CSI Episode Information:

**\*Update Reason:**  Annual

**Admission Date:** Auto-populates from registration

### General Information:

**\*First Name:** \_\_\_\_\_ **\*Last Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_

Medi-Cal ID: System Informational Field Only    SSN: Auto-populates from registration    Date of Birth: Auto-populates from registration

### Current Client Status Information:

**\*Employment Status:** \_\_\_\_\_ **\*Education Status:** \_\_\_\_\_

**\*Living Arrangement:** \_\_\_\_\_

**Conservatorship or Juvenile Court Status:** \_\_\_\_\_

**Has the client experienced a traumatic event?:**

**\*# of Dependents under the age of 18:** \_\_\_\_\_ **\*# of Dependents over the age of 17:** \_\_\_\_\_

**\*General Medical Condition(s):** (If No GMC in field #1, the GMC #2 and #3 is not completed. Otherwise, all three fields are required)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Does the client have a Substance Abuse/Dependence Issue?**

**If answered Yes to above indicate the Substance abuse diagnosis (F10-F19.99)** \_\_\_\_\_