Alameda County Behavioral Health

MHS Annual Update

Confidential Patient Information
See Welfare & Institutions Code: 5328

Data Entry Initials: _____

SmartCare Client ID Number: _____ (For data entry personnel)

*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?: ☐ Yes ☐ No ☐ Unknown

*# 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?
☐ Yes, the client has a substance abuse/dependence issue
☐ No, the client does not have a substance abuse/dependence issue
☐ Unknown
☐ Not Reported

If answered _Yes_ to above indicate the Substance abuse diagnosis (F10-F19.99) _____

REVISED (10/2023)