

Alameda County Behavioral Health

# MHS Annual/Discharge

Confidential Patient Information  
See Welfare & Institutions Code: 5328

Data Entry Initials: \_\_\_\_\_

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

## PLEASE Print Legibly

Highlighted fields with asterisks are required

### CSI Episode Information:

\*Update Reason:  Annual  Discharge

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

Admission Date: Field not used for Discharge    First Date of Service: Field not used    Last Date of Service: Field not used

\*Discharge Date: \_\_\_\_\_

\*Patient Status: \_\_\_\_\_ (Data field used for counting days of admission to discharge)

\*Legal Class of Admission: Field not used for Discharge

\*Legal Class of Discharge: \_\_\_\_\_ (Reference global code appendix "legal status" code table)

\*Admission Necessity: (Only for Inpatient/Residential programs) \_\_\_\_\_  
(Data field used to identify the type or reason for the client's admission into the facility)

### General Information:

\*First Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

\*Middle Initial: \_\_\_\_\_

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

Medi-Cal ID: System informational field only

### 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)**