MHS Discharge

(In-Patient Client)

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: ☒ 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: _____
(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?

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

Revised (10/2023)