

MHS Discharge (Outpatient Client)

Confidential Patient Information
See Welfare & Institutions Code: 5328

Data Entry Initials: _____
SmartCare Client ID Number: _____

*Client Last Name: _____

*Client First Name: _____

Client Middle Initial: _____

PLEASE Print Legibly

Highlighted fields with asterisks are required

Program Assignment Details:

*Program Name: _____ Primary system informational data field *Current Status: _____

*Assigned Staff: _____

~~Enrolled Date:~~ Field not used

~~Requested Date:~~ Field not used

*Discharged Date: _____

*Discharge Reason: _____

(Field reflects upon selecting Discharged as the "current status")

~~Next Schedule Service:~~ Field not used

Comment: _____ (Optional)

~~Waitlist Priority:~~ Section Not Used

CLIENT REGISTRATION CODES

Discharge Reason: Must enter data on this field

Disengaged Before Admission	Client Withdrew: AWOL, AMA, No Improvement	Discharge/Administrative Reasons
Mutual Agreement/Treatment Goals Reached	Client Died	Other
Mutual Agreement/Treatment Goals Partially Reached	Client Moved Out of Service Area	
Mutual Agreement/Treatment Goals Not Reached	Client Discharged/Program Unilateral Decision	
Client Withdrew: AWOL, AMA, Treatment Partially completed	Client Incarcerated	

Employment Status: Must enter data on this field

Competitive job market, 35 hours/more	Rehabilitative work, less than 20 hours per week	Unemployed, actively seeking work
Competitive job market, 20 hours/ less	Rehabilitative work, 20 to 35 hours per week	Unemployed, not actively seeking work
Competitive job market, 20 to 35 hours per week	School, full-time	Retired
Full-time home making responsibility	Job training, full-time	Not in the labor force
Rehabilitative work, 35 hours or more per week	Part time school / job training	Unknown
	Volunteer work	Resident / Inmate

Education Status: Must enter data on this field

Never Attended	Grade 9	Grade 19	Client Declined to State
Kindergarten	Grade 10	Grade 20	Client Unable to Answer due to disability
Grade 1	Grade 11	Vocational Program	Grade 21
Grade 2	Grade 12	Associate degree	Grade 22
Grade 3	Grade 13	Bachelors	Grade 23
Grade 4	Grade 14	Masters	Grade 24
Grade 5	Grade 15	Professional Doctorate Degree	Grade 25
Grade 6	Grade 16	Doctoral degree	Grade 26
Grade 7	Grade 17	Other	Grade 27
Grade 8	Grade 18	Unknown	Grade 28; 29;30

Living Arrangement: Must enter data on this field

Alcohol Abuse Facility	Homeless, In transit	PHF/Inpatient Psych
Adult Residential Facility, Social Rehabilitation Facility	Homeless, no identifiable county residence	Residential Treatment Center (includes levels 13-14 for children)
Community Treatment Facility	House or Apartment (includes trailers)	Satellite Housing (applies to adults only)
Crisis Residential Facility	House or apt. requiring some support with daily activities of living (applies to adults only)	Single room (Motel, rooming hours)
CRTS long-term or transitional housing	House or apt. requiring daily support and supervision (applies to adults only)	Small Board & Care (6 rooms or less)
Drug Abuse Facility	Hotel	SNF/ICF/IMD. For Psychiatric reasons
Foster family home (for children)	Justice Related	SNF/ICF/Nursing Home for physical health reasons
General Hospital	Large Board & Care (7 beds or more)	State hospital
Group Home (includes Levels 1-12 for children)	Mental Health Rehabilitation Center (24-hours)	Supportive housing
Group Quarters (dorm, migrant barracks)	Other	Temporary Arrangement
Unknown	VA Hospital	

Conservatorship or Juvenile Court Status: (optional field)

Temporary Conservatorship (W&I Code, Section 5353)	PC 2974 (Penal Code, Section 2974)	Not Applicable
Murphy (W&I Code, Section 5008)	Representative Payee Without Conservatorship (W&I Code, Section 5686)	Unknown/ Not Reported
Lanterman-Petris-Short (W&I Code, Section 5358)	Juvenile Court, Dependent of the Court (W&I Code 300)	
Probate (Probate Code, Division 4, Section 1400)	Juvenile Court, Ward-status offender (W&I Code 601)	
PC 2974 (Penal Code, Section 2974)	Juvenile Court, Ward-Juvenile Offender (W&I Code 602)	

General Medical Condition Summary Codes: Enter up to three General Medical Condition Summary Codes

Arterial Sclerotic Disease	Cirrhosis	Osteoporosis	Physical Disability
Heart Disease	Diabetes	Cancer	Stroke
Hypercholesterolemia	Infertility	Blind / Visually Impaired	Tinnitus
Hyperlipidemia	Hyperthyroid	Chronic Pain	Ear Infections
Hypertension	Obesity	Deaf / Hearing Impaired	Asthma
Birth Defects	Anemia	Epilepsy / Seizures	Sexually Transmitted Disease (STD)
Cystic Fibrosis	Allergies	Migraines	Other
Psoriasis	Hepatitis	Multiple Sclerosis	Unknown/Not Reported General Medical
Digestive Disorder	Arthritis	Muscular Dystrophy	No General Medical Condition
Ulcers	Carpal Tunnel Syndrome	Parkinson's Disease	

