

MHS Update/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? 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) _____