



# Admission Form

NAME / MRN \_\_\_\_\_

Admission Date \_\_\_\_\_ Admission Type  Scheduled  Unscheduled  Unknown

Facility Name \_\_\_\_\_ ID \_\_\_\_\_ Program Name \_\_\_\_\_ ID \_\_\_\_\_

Primary Service \_\_\_\_\_

Provider \_\_\_\_\_ ID \_\_\_\_\_ Physician \_\_\_\_\_ ID \_\_\_\_\_

Primary Record Holder:  Yes  No

## Legal Class at Admission

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> P13700 Incompetent to Stand Trial | <input type="checkbox"/> W52600 Additional 14 Day Hold  | <input type="checkbox"/> W55850 72 Hour Eval&Trtmnt Child   |
| <input type="checkbox"/> P13720 Incompetent to Stand Trial | <input type="checkbox"/> W52700 Additional 30 Day Hold  | <input type="checkbox"/> w60000 Voluntary                   |
| <input type="checkbox"/> U99999 Unknown/Not Reported       | <input type="checkbox"/> W53000 Additional 180 Day Hold | <input type="checkbox"/> W65000 Judicial Commitment DD      |
| <input type="checkbox"/> W51500 72 Hour Eval&Trtmnt Adult  | <input type="checkbox"/> W53500 Temp Conservatorship    | <input type="checkbox"/> W65500 Commitment of Minor DD Eval |
| <input type="checkbox"/> W52500 14 Day Intensive Treatment | <input type="checkbox"/> W53550 Perm Conservatorship    | <input type="checkbox"/> W99998 Other Involuntary Civil     |

## Legal/Court Status

- |   |   |
|---|---|
| <input type="checkbox"/> Temporary Conservatorship (WI Code Section 5353) | <input type="checkbox"/> Representative Payee (WI Code Section 5686)                    |
| <input type="checkbox"/> LPS Conservatorship (WI Code Section 5358)       | <input type="checkbox"/> Juvenile Court, Dependent of the Court (WI Code, Section 300)  |
| <input type="checkbox"/> Murphy Conservatorship (WI Code Section 5008)    | <input type="checkbox"/> Juvenile Court, Ward - Status Offender (WI Code Section 601)   |
| <input type="checkbox"/> Probate (Probate Code, Division 4, Section 1400) | <input type="checkbox"/> Juvenile Court, Ward - Juvenile Offender (WI Code Section 602) |
| <input type="checkbox"/> Parolee PC 2974 (Penal Code, Section 2974)       | <input type="checkbox"/> Not Applicable   |

## Residential Living Arrangement: (check one response)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Adult Residential Facility          | <input type="checkbox"/> House or Apt. with Supervision    | <input type="checkbox"/> Res Tx Cnter (Level 13-14 Child) |
| <input type="checkbox"/> Alcohol Abuse Facility              | <input type="checkbox"/> House or Apt. with Support        | <input type="checkbox"/> Satellite Housing                |
| <input type="checkbox"/> Community Treatment Facility        | <input type="checkbox"/> Inpatient Psychiatric / PHF       | <input type="checkbox"/> Single Room                      |
| <input type="checkbox"/> Crisis Residential Facility         | <input type="checkbox"/> Institute of Mental Disease (IMD) | <input type="checkbox"/> Small Board & Care               |
| <input type="checkbox"/> Drug Abuse Facility                 | <input type="checkbox"/> Justice Related                   | <input type="checkbox"/> SNF/ICF                          |
| <input type="checkbox"/> Foster Family Home                  | <input type="checkbox"/> Large Board & Care                | <input type="checkbox"/> SNF/ICF - Psych Reasons          |
| <input type="checkbox"/> General Hospital                    | <input type="checkbox"/> Lives alone                       | <input type="checkbox"/> State Hospital                   |
| <input type="checkbox"/> Group Home (Level 1-12 Child)       | <input type="checkbox"/> Lives with family                 | <input type="checkbox"/> Supported Housing                |
| <input type="checkbox"/> Group Quarters                      | <input type="checkbox"/> Lives with others                 | <input type="checkbox"/> Temporary Arrangement            |
| <input type="checkbox"/> Homeless - No Residence             | <input type="checkbox"/> Lives with relatives              | <input type="checkbox"/> Unknown / Not Reported           |
| <input type="checkbox"/> Homeless, No Identifiable Residence | <input type="checkbox"/> MH Rehab Center (24 Hour)         | <input type="checkbox"/> VA Hospital                      |
| <input type="checkbox"/> House or Apartment                  | <input type="checkbox"/> Other                             |   |

## Occupation Type: (check one response)

- |   |   |
|---|---|
| <input type="checkbox"/> Executive/ Manager | <input type="checkbox"/> Sales/Service        |
| <input type="checkbox"/> Farming/Forestry   | <input type="checkbox"/> Unemployed           |
| <input type="checkbox"/> Production/Labor   | <input type="checkbox"/> Unknown/Not Reported |

## Employment Status: (check one response)

- |  |  |
|--|--|
| <input type="checkbox"/> Full time, 35 hours or more per week (comp)   | <input type="checkbox"/> Volunteer Worker                                  |
| <input type="checkbox"/> Part time, less than 35 hours per week (comp) | <input type="checkbox"/> Disabled  |
| <input type="checkbox"/> Homemaker, Not Seeking Work                   | <input type="checkbox"/> Full time, 35 hours or more per week (non comp)   |
| <input type="checkbox"/> Unemployed, actively looking for work         | <input type="checkbox"/> Homemaker, Seeking Work                           |
| <input type="checkbox"/> Other   | <input type="checkbox"/> Part time, less than 35 hours per week (non comp) |
| <input type="checkbox"/> Resident / Inmate of institution              | <input type="checkbox"/> Student, Employed Part Time                       |
| <input type="checkbox"/> Retired                                       | <input type="checkbox"/> Student, Part Time                                |
| <input type="checkbox"/> Student, Full Time                            | <input type="checkbox"/> Unemployed, not seeking work                      |
| <input type="checkbox"/> Unknown / Not Reported                        | <input type="checkbox"/> Full-time training                                |
|  | <input type="checkbox"/> Part-time training                                |

Substance Abuse or Dependence Issue  Yes  No

Unknown

SA Diagnosis: \_\_\_\_\_

## Special Population:

- Katie A  KTA-ICC (non-CFC)

Referring Physician Name (if any): \_\_\_\_\_

Referring Facility Name: \_\_\_\_\_

NAME / MRN

**Referred From 1, 2, 3** (may choose up to 3)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> SELF                           | <input type="checkbox"/> EARLY CHILDHOOD INFANT/PARENT  | <input type="checkbox"/> OTHER                          |
| <input type="checkbox"/> MENTAL HEALTH ACCESS LINE      | <input type="checkbox"/> EARLY CHILDHOOD MH - OUTPATINT | <input type="checkbox"/> OTHER PSYCHIATRIC HOSPITAL     |
| <input type="checkbox"/> POLICE                         | <input type="checkbox"/> EAST COUNTY CHILDREN'S SVC UR  | <input type="checkbox"/> OUT OF COUNTY - HOSPITAL       |
| <input type="checkbox"/> LOW FEE MENTAL HEALTH CLINIC   | <input type="checkbox"/> FORENSIC AOT                   | <input type="checkbox"/> PATHWAYS TO WELLNESS-ADULT MED |
| <input type="checkbox"/> FAMILY                         | <input type="checkbox"/> FREMONT HOSPITAL               | <input type="checkbox"/> PITTSBURG CLINIC ADULT OP UR   |
| <input type="checkbox"/> STAFF PROCEDURES               | <input type="checkbox"/> HEAD START PROGRAM             | <input type="checkbox"/> PITTSBURG UNIFIED SCHOOL DIST  |
| <input type="checkbox"/> MEDICAL EMERGENCY - MERRITHEW  | <input type="checkbox"/> INPATIENT PSYCH - UNIT 4C      | <input type="checkbox"/> PRIVATE PRACTICE (NON-MD)      |
| <input type="checkbox"/> AMADOR INSTITUTE               | <input type="checkbox"/> JAIL/JUVENILE HALL             | <input type="checkbox"/> PRIVATE PSYCHIATRIST           |
| <input type="checkbox"/> ANKA BEHAVIORAL HS CRISIS RES  | <input type="checkbox"/> JOHN MUIR MEDICAL CENTER       | <input type="checkbox"/> PROBATION DEPARTMENT           |
| <input type="checkbox"/> ANKA CENTRAL FSP               | <input type="checkbox"/> JOHN SWETT SCHOOL DISTRICT     | <input type="checkbox"/> PSYCHIATRIC EMERGENCY/NON-CCC  |
| <input type="checkbox"/> BAY AREA COMMUNITY RESOURCES   | <input type="checkbox"/> JUVENILE HALL                  | <input type="checkbox"/> PSYCHIATRIC OUTPATIENT         |
| <input type="checkbox"/> BOARD & CARE HOME NON-SB155    | <input type="checkbox"/> KAISER                         | <input type="checkbox"/> REFERRAL DATA MISSING/ NA      |
| <input type="checkbox"/> CALIFORNIA SPECIALTY HOSPITAL  | <input type="checkbox"/> KATIE A                        | <input type="checkbox"/> ROOM & BOARD                   |
| <input type="checkbox"/> CENTRAL COUNTY ADULT OP UR     | <input type="checkbox"/> MARTINEZ CRISIS STABILIZATION  | <input type="checkbox"/> SAN RAMON REGIONAL MED CENTER  |
| <input type="checkbox"/> CENTRAL COUNTY CHILDREN SVC UR | <input type="checkbox"/> MEDICAL INPATIENT              | <input type="checkbox"/> SCHOOL OR COLLEGE              |
| <input type="checkbox"/> CHILD PROTECTIVE SERVICES      | <input type="checkbox"/> MEDICAL OUTPATIENT             | <input type="checkbox"/> SHELTER - NON COUNTY           |
| <input type="checkbox"/> CHILDRENS GROUP HOME           | <input type="checkbox"/> MENTAL HEALTH CARE MGMT UNIT   | <input type="checkbox"/> SOCIAL SERVICES DEPT - EAST    |
| <input type="checkbox"/> CHILDREN'S MH SPECIALITY PRGM  | <input type="checkbox"/> MILLER WELLNESS CNT            | <input type="checkbox"/> SUICIDE CRISIS PROGRAM         |
| <input type="checkbox"/> COMMUNITY BASED ORGANIZATIONS  | <input type="checkbox"/> MOBILE RESPONSE TEAM           | <input type="checkbox"/> TELECARE HOPE HOUSE CRISIS RES |
| <input type="checkbox"/> COUNTY HEALTH CLINICS          | <input type="checkbox"/> MT DIABLO MEDICAL PAVILLION    | <input type="checkbox"/> TRANSITIONAL SERVICES          |
| <input type="checkbox"/> DELTA MEMORIAL HOSPITAL        | <input type="checkbox"/> MOBILE RESPONSE TEAM           | <input type="checkbox"/> WEST CONTRA COSTA SCHOOL DIST  |
| <input type="checkbox"/> DEPT SOCIAL SERVICES - FOSTER  | <input type="checkbox"/> MT DIABLO MEDICAL PAVILLION    | <input type="checkbox"/> WEST COUNTY ADULT - EL PORTAL  |
| <input type="checkbox"/> DETENTION MH-MTZ               | <input type="checkbox"/> MT DIABLO UNIFIED SCHOOL DIST  | <input type="checkbox"/> WEST COUNTY CHILDREN SVC UR    |
| <input type="checkbox"/> DRUG ABUSE PROGRAM             | <input type="checkbox"/> MT DIABLO USD - WRAP SERVICES  | <input type="checkbox"/> YOUTH SERVICES BUREAU          |

**ICD-10 Code:**

**DSM5 Description:**

Begin Date:	Begin Time: 12:00 am	Diagnosis Type	<input checked="" type="checkbox"/> Admission
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Diagnosis by	ID
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\_\_\_\_\_  
Signature/License/Job Title

\_\_\_\_\_  
Print Name/Licensure/Designation

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Signature/License (if applicable)

\_\_\_\_\_  
Print Name/Licensure/Designation

\_\_\_\_\_  
Date

\_\_\_\_\_  
Data Entry Clerk Initials