



# Network Provider Client Registration & Admission

CLIENT NAME				
Client's Current Last Name	First	Middle	Gen (Sr., Jr)	Medi-Cal Card #(CIN)
SSN:	Date of Birth	Legal Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary		
Street Address		City	State	Zip-Code+4
Telephone Number		Telephone Type: <input type="checkbox"/> Cell <input type="checkbox"/> Fax <input type="checkbox"/> Home <input type="checkbox"/> Message <input type="checkbox"/> Pager <input type="checkbox"/> Work		
Living Arrangement:	# of Dependants Under 18:	# of Dependants Over 18:		
Preferred Language:		Mother's Maiden Name:		
<b>Race</b> (Check all that apply):				
<input type="checkbox"/> Other Race	<input type="checkbox"/> Asian - Hmong	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander - Polynesian	<input type="checkbox"/> White – Middle Eastern of North African	<input type="checkbox"/> Black/African American – Hatitian
<input type="checkbox"/> Declined to State	<input type="checkbox"/> Asian - Indonesian	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander - Micronesian	<input type="checkbox"/> White - Arab	<input type="checkbox"/> Black/African American – Jamaican
<input type="checkbox"/> Unknown	<input type="checkbox"/> Asian - Japanese	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander - Melanesian	<input type="checkbox"/> Black/African American – African American	<input type="checkbox"/> Black/African American – Tobagoan
<input type="checkbox"/> American	<input type="checkbox"/> Asian - Korean	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander - Melanesian	<input type="checkbox"/> Black/African American – African American	<input type="checkbox"/> Black/African American – Trinidadian
Indian/Alaska Native – American Indian	<input type="checkbox"/> Asian - Loatian	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander – Other Pacific Islander	<input type="checkbox"/> Black/African American – African	<input type="checkbox"/> Black/African American – West Indian
<input type="checkbox"/> American	<input type="checkbox"/> Asian - Malaysian	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Black/African American – Bahamian	<input type="checkbox"/> Black/African American – Madagascar
Indian/Alaska Native – Alaska Native	<input type="checkbox"/> Asian - Okinawan	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander – Native Hawaiian	<input type="checkbox"/> Black/African American – Black	<input type="checkbox"/> White – White/Other Caucasian
<input type="checkbox"/> Asian – Asian Indian	<input type="checkbox"/> Asian – Pakistani	<input type="checkbox"/> White - European	<input type="checkbox"/> Black/African American – Dominican Islander	<input type="checkbox"/> Asian – Other
<input type="checkbox"/> Asian – Bangladeshi	<input type="checkbox"/> Asian – Sri Lankan		<input type="checkbox"/> Black/African American – Dominican	<input type="checkbox"/> Samoan
<input type="checkbox"/> Asian – Bhutanese	<input type="checkbox"/> Asian – Thai			<input type="checkbox"/> Guamanian
<input type="checkbox"/> Asian – Burmese	<input type="checkbox"/> Asian – Thai			
<input type="checkbox"/> Asian - Cambodian	<input type="checkbox"/> Asian - Vietnamese			
<input type="checkbox"/> Asian - Taiwanese	<input type="checkbox"/> Asian - Iwo Jiman			
<input type="checkbox"/> Asian - Filipino	<input type="checkbox"/> Asian - Maldivian			
	<input type="checkbox"/> Asian - Nepalese			
	<input type="checkbox"/> Asian - Singaporean			
<b>Ethnicity Origin</b> (check one)				
<input type="checkbox"/> Declined to State	<input type="checkbox"/> Mexican - Mexican	<input type="checkbox"/> South American - Chilean		
<input type="checkbox"/> Unknown	<input type="checkbox"/> Mexican - Chicano	<input type="checkbox"/> South American - Colombian		
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Mexican - La Raza	<input type="checkbox"/> South American - Ecuadorian		
<input type="checkbox"/> Spaniard - Andalusian	<input type="checkbox"/> Mexican - Mexican American Indian	<input type="checkbox"/> South American - Paraguayan		
<input type="checkbox"/> Spaniard - Asturian	<input type="checkbox"/> Central American - Central American	<input type="checkbox"/> South American - Peruvian		
<input type="checkbox"/> Spaniard - Castillian	<input type="checkbox"/> Central American - Costa Rican	<input type="checkbox"/> South American - South American		
<input type="checkbox"/> Spaniard - Catalanian	<input type="checkbox"/> Central American - Guatemalan	<input type="checkbox"/> South American - Uruguayan		
<input type="checkbox"/> Spaniard - Belearic Islander	<input type="checkbox"/> Central American - Honduran	<input type="checkbox"/> South American - Venezuelan		
<input type="checkbox"/> Spaniard - Gallego	<input type="checkbox"/> Central American - Nicaraguan	<input type="checkbox"/> South American - Criollo		
<input type="checkbox"/> Spaniard - Valencian	<input type="checkbox"/> Central American - Panamanian	<input type="checkbox"/> Latin American		
<input type="checkbox"/> Spaniard - Canarian	<input type="checkbox"/> Central American - Salvadoran	<input type="checkbox"/> Puerto Rican		
<input type="checkbox"/> Spaniard - Spaniard	<input type="checkbox"/> Central American - Central American Indian	<input type="checkbox"/> Cuban		
<input type="checkbox"/> Spaniard - Spanish Basque	<input type="checkbox"/> Central American - Canal Zone	<input type="checkbox"/> Dominican		
<input type="checkbox"/> Mexican - Mexican American	<input type="checkbox"/> South American - Argentinean	<input type="checkbox"/> Other		
<input type="checkbox"/> Mexican - Mexicano	<input type="checkbox"/> South American - Bolivian			
Birth Country:	Birth State:	Birth County:		

Client Name: \_\_\_\_\_

Client Date of Birth: \_\_\_\_\_

**Education Level** (check all that apply)

**Type:**

Highest Grade Completed: \_\_\_\_\_  None  Decline to State

**Employment Status:**

<input type="checkbox"/> Full Time	<input type="checkbox"/> Retired	<input type="checkbox"/> Not Employed
<input type="checkbox"/> Part Time	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Unknown
<input type="checkbox"/> Student - Full Time	<input type="checkbox"/> On Active Military Duty	
<input type="checkbox"/> Student - Part Time	<input type="checkbox"/> Disabled	

**Guarantor Information** (Complete for minor client under 18)

<b>Relation to Client</b>	<b>Current Last Name, First Name</b>	<b>Date of Birth</b>	<b>Legal Sex</b>	<b>Telephone Number:</b> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Message <input type="checkbox"/> Pager <input type="checkbox"/> Work _____
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\*\*\*\*\* **PROVIDER USE ONLY** \*\*\*\*\*

**Facility/Place of Service – Location (City):**

**Group Name:** (if applicable)

**Date of First Contact with Client:**

**Referral Source:**

**1<sup>st</sup> Assessment Offer Date:**  
**2<sup>nd</sup> Assessment Offer Date:**  
**3<sup>rd</sup> Assessment Offer Date:**  
**Assessment Start Date:**

**Treatment Appointment:**

**1<sup>st</sup> Treatment Offer Date:**  
**2<sup>nd</sup> Treatment Offer Date:**  
**3<sup>rd</sup> Treatment Offer Date:**  
**Treatment Start Date:**

**ICD-10 Code:**

**ICD-10 Description:**

**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 <input type="checkbox"/> Unknown/Not Reported

**Substance Use?**  Yes  No  Unknown SU ICD-10 Code: \_\_\_\_\_

**Has the client experienced a tramatic event?**  Yes  No  Unknown

\_\_\_\_\_  
**Provider Printed Name/License**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**