

Admission or Discharge

NAME/MRN _____

Facility Name: _____ ID: _____ Program Name: _____ ID: _____

ADMISSION

Admission Date: _____

Admission Diagnosis:

Primary ICD-10 Code: _____ DSM-5 Narrative: _____

Secondary ICD-10 Code: _____ DSM-5 Narrative: _____

Substance use or dependence issue? **Yes** (add diagnosis below) **No** **Unknown**

Substance Use Diagnosis ICD-10 Code: _____ DSM-5 Narrative: _____

Living arrangement: _____

Conservatorship/Court status: _____

Has the client experienced traumatic events? **Yes** **No** **Unknown**

Is the client a caregiver? **Yes** **No** **Unknown**

Number of Dependents OVER 18 years of age: _____

Number of Dependents UNDER 18 years of age: _____

Referral Source: _____

Admitting Provider: _____

Primary Service Provider: _____

Psychiatrist: _____

DISCHARGE

Discharge Date: _____

Referred to:

(1) _____

(2) _____

NAME/MRN _____

Discharge Reason: _____

If Medical Necessity not met: Referred to:

Managed Care Plan Fee-for-service provider No Referral

Other: _____

Signature/License/Designation

Printed Name

Date

Co-Signature/license (if applicable)

Printed Name

Date

Data Entry Clerk Initials _____



CONTRA COSTA
HEALTH

Field Values for Admission/Discharge Form

Please use these values for the following fields.

ADMISSION FIELDS:

Living Arrangement:

Adult Residential Facility, Social Rehabilitation Facility, Crisis	Board and Care
Community Treatment Facility	Foster family home
Group home (includes Levels 1-12 for children)	Homeless, no identifiable residence
House or apartment (includes trailers, hotels, dorms, barracks, etc.)	House or apartment and requiring daily support and supervision (applies to adults only)
House or apartment and requiring some support with daily living activities (applies to adults only)	Inpatient Psychiatric Hospital, Psychiatric Health Facility (PHF)
Justice-related (Juvenile Hall, Department of Corrections and Rehabilitation Youth Facility, correctional facility, jail, etc.)	Mental Health Rehabilitation Center (24-hour)
Other	Residential Treatment Center (includes Levels 13-14 for children)
Skilled Nursing Facility / Intermediate Care Facility / Institutions for Mental Disease (IMD)	Supported housing (applies to adults only)
Unknown / Not Reported	

Conservatorship/Court Status:

Juvenile Court, Dependent of the Court (W&I Code, Section 302)	Juvenile Court, Ward – Juvenile Offender (W&I Code, Section 602)
Juvenile Court, Ward – Status Offender (W&I Code, Section 601)	Lanternman-Petris-Short (W&I Code, Section 5358)
Murphy (W&I Code, Section 5008)	Not Applicable
PC 2974 (Penal Code, Section 2974)	Probate (Probate Code, Division 4, Section 1400)
Representative Payee Without Conservatorship (W&I Code, Section 5686)	Temporary Conservatorship (W&I Code, Section 5353)
Unknown/ Not Reported	

Referral Source:

Self	Mental Health Access Line
Police	Low Fee Mental Health Clinic
Family	Staff Procedures
Medical Emergency – Merrithew (?)	Inpatient Psych – Unit 4C
Inpatient Psych – Unit 4D	Child Protective Services
Martinez Crisis Stabilization	Juvenile Hall
Mt Diablo Medical Pavillion	Pittsburg Clinic Adult OP UR
West County Adult – El Portal	

DISCHARGE FIELDS:**Referral To:**

Central County Adult OP UR	Kaiser
West Contra Costa School Dist	Private Psychiatrist
Private Practice (Non-MD)	Pittsburg Unified School Dist
Inact Pittsburg Adult Clin OP	Inact Central County Adult OP
Mt Diablo Unified School Dist	County Health Clinics
Miller Wellness Cnt	John Muir Medical Center
Probation Department	Fremont Hospital
Medical Outpatient	Drug Abuse Program
Shelter – Non County	East County Children’s Svc UR
School or College	Central County Children Svc UR
Delta Memorial Hospital	Telecare Hope House Crisis Res
Anka Behavioral HS Crisis Res	California Specialty Hospital
Head Start Program	Out of County – Hospital
Mt Diablo USD – Wrap Services	Detention MH – Martinez
Community Based Organizations	Inact-W Co Co Unified Schools
Board & Care Home Non-SB 155	Children’s Group Home
Inact Richmond 38th st adult o	Early Childhood Infant/Parent
West County Children Svc UR	Other
Children’s MH Specialty Program	San Ramon Regional Med Center
Other Psychiatric Hospital	John Swett School District
Psychiatric Outpatient	

Discharge Reasonw

Completed Tx/Goals reached/Referred	Mutual Agreement – Treatment Goals Not Met
Client Withdrew, AWOL, AMA, TX goals partially met	Deceased
Moved Out of Area	Incarceration
Client Discharged, Administrative	Other
Completed Tx/Goals Not Reached/Referred	Client Withdrew, AWOL, AMA, No Improvement
Mutual Agreement – Treatment Goals Partially met	Medical Necessity Criteria Not Met