



**Santa Cruz County Mental Health & Substance Abuse Services
Confidential Consumer Information
Admissions Form**

Data Entry Initials _____

Consumer Name: _____
Last First Middle

Consumer #: _____

Please Check Admission Type: Opening _____ Discharge _____ Update _____ Transfer _____ Date: ____/____/____

Facility: _____ Program: _____

Primary Staff: _____ Psychiatrist/NP: _____

Legal Class at Admission: _____

Primary Care Provider: _____ Referring Facility Name: _____
(Medical Doctor) Last First

Admission Referral From / Discharge Referral To: _____

Reason For Discharge: _____

*ADP Only: Funder _____
(Special Program Code)*

Diagnosis

Diagnosis Type: [Admission]

Discharge with Current Diagnosis:

Diagnosis By: _____ Provider ID: _____

Choose one "P" for Principal Diagnosis and Choose one "S" for Secondary Diagnosis in the applicable box.

Axis I: _____ Axis II: _____ Axis III: _____ Axis IV: _____

Axis I: _____ Axis II: _____ Axis V (GAF): _____

- (Axis IV Choices)
- A – Problems with Primary Support Group
 - B – Problems Related to the Social Environment
 - C – Educational Problems
 - D – Occupational Problems
 - E – Housing Problems
 - F – Economic Problems
 - G – Problems with Access to Health Care
 - H – Problems Related to Interaction with Legal System
 - I – Other Psychosocial and Environmental Problems
 - J – Unknown/Not Collected

Periodic Information For State Annual Reporting (MH Only)

Employment Status Code: _____ Axis V (GAF) _____ Legal Court Status Code: _____

Education Status (Highest Grade Completed) : _____

Living Arrangement/Situation Code: _____

Substance Abuse Dependence: Y/N/U _____

*Experience of Trauma:
(Y/N/U) _____*

Primary Caregiver: # of Children 18 and Under: _____ # of Dependents 18 and Over: _____

Completed by: _____ Date: _____