

San Bernardino County
Behavioral Health Department

CSI Initial: _____ CSI Annual: _____ CSI Closing: _____ Data Entry Initials: _____

Reporting Unit Number: _____

Client Number: _____

Client Name:
Last: _____ First: _____ MI: _____

CSI PERIODIC DATA

Confidential Patient Information
See Welfare & Institutions Code:5328

PLEASE Print Legibly

1: Periodic date completed: ___ / ___ / _____

2: Education: _____

Enter in the number indicating the **highest grade** completed. If the highest grade is greater than 20, enter "20", if the highest grade is unknown then enter "99".

3 Employment Status: _____

Employment: (circle one)

- | | |
|--|-------------------------------------|
| 1 Full time, 35 hours or more per week | 11 Volunteer Worker |
| 3 Part time, less than 35 hours per week | 12 Actively looking for work |
| 4 Homemaker | 13 Other |
| 5 Full time, 35 hours or more per week | 14 Retired |
| 6 Part time, less than 35 hours per week | 16 Unknown / Not Reported |
| 8 Student | 17 Resident / inmate of institution |

4 Axis 5/GAF Rating: _____

Identifies the Global Assessment of Functioning (Axis-V / GAF) rating of the client. Enter '000' if Axis-V / GAF rating cannot be determined.

5:Legal Consent-: _____

Indicate what authority you have to treat minors.

Consent: (circle one)

- | | |
|-------------------------------|------------------------------------|
| A - Temporary Conservatorship | F - Representative Payee w/out Con |
| B - Lanterman-Petris-Short | G - Juvenile Crt, Dependent of Crt |
| C - Murphy | H - Juvenile Crt, Ward Status Off |
| D - Probate | I - Juvenile Crt, Wart Juv Off |
| E - PC 2974 | 9 -Not Applicable |

6:Living Situation: _____

- | | | | |
|---------------------------------|--------------------------|-------------------------|-------------------------|
| 5-Foster family | 16-Supported housing | 34-SNF/ICF/Nursing Home | 52-Homeless, in transit |
| 6-Single room | 20-Small Board & Care | 35-General hospital | 98-Other |
| 7-Group quarters | 21-Large Board & Care | 36-Mental Health Rehab | 99-Unknown |
| 8-Group home | 22-Residential Tx Cntr | 37-PHF/Inpatient Psych | |
| 9-CRTS long-term/temp | 23-Community Tx Facility | 40-Drug abuse facility | |
| 10-Satellite housing | 24-Adult Res/Social Reh | 41-Alcohol abuse facili | |
| 13-House or apartment | 31-State Hospital | 42-Justice related | |
| 14-House or apt w/supp (adult) | 32-VA Hospital | 50-Temp. arrangement | |
| 15-House or apt w/super (Adult) | 33-SNF/ICF, Psych Reason | 51-Homeless, no res. | |

7:Care Giver: Under 18: _____ Over 18: _____

Enter the number of persons the client cares for or is responsible for at least 50% of the time, under the age of 18 and over the age of 18.

Completed by: _____ Date: _____

Input by: _____ Date: _____