San Bernardino County
Behavioral Health Department

CSI PERIODIC DATA
Confidential Patient Information
See Welfare & Institutions Code: 5328

CSI Initial: _____  CSI Annual: _____  CSI Closing: _____  Data Entry Initials: _____
Reporting Unit Number: ____________________
Client Number: ____________________

Client Name:
Last: ____________________ First: ____________________ MI: __________

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
3 Part time, less than 35 hours per week
4 Homemaker
5 Full time, 35 hours or more per week
6 Part time, less than 35 hours per week
8 Student
11 Volunteer Worker
12 Actively looking for work
13 Other
14 Retired
16 Unknown / Not Reported
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
B - Lanterman-Petris-Short
C - Murphy
D - Probate
E - PC 2974
F - Representative Payee w/out Con
G - Juvenile Crt, Dependent of Crt
H - Juvenile Crt, Ward Status Off
I - Juvenile Crt, Wart Juv Off
J - Not Applicable

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

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: ____________________

CSI Periodic (7/26/06)