

**Episode Opening**

Episode Opening Date: \_\_\_\_\_ Referred From \_\_\_\_\_ Legal Status: \_\_\_\_\_ Trauma: \_\_\_\_\_

ICD-10 Code \_\_\_\_\_ ICD-10 Name \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Substance Abuse/Dependence Issue: Y/N/U Diagnosis: \_\_\_\_\_

Clinician \_\_\_\_\_ Physician \_\_\_\_\_

Living Situation \_\_\_\_\_ Employment Status \_\_\_\_\_ Admission Hour \_\_\_\_\_

Legal Status \_\_\_\_\_ Legal Consent \_\_\_\_\_

Client Address: \_\_\_\_\_  
House Number Street City State Zip

Phone #: \_\_\_\_\_ Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Episode Closing**

Episode Closing Date: \_\_\_\_\_ Referred To: \_\_\_\_\_ / / Reason for Discharge: \_\_\_\_\_

Hour of Discharge: \_\_\_\_\_ Legal Status: \_\_\_\_\_

Check Box if the remaining Closing Information is the same as the opening information

Episode Opening Date: \_\_\_\_\_ Referred From \_\_\_\_\_ Legal Status: \_\_\_\_\_ Trauma: \_\_\_\_\_

ICD-10 Code \_\_\_\_\_ ICD-10 Name \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Substance Abuse/Dependence Issue: Y/N/U Diagnosis: \_\_\_\_\_**

Clinician \_\_\_\_\_ Physician \_\_\_\_\_

Living Situation \_\_\_\_\_ Employment Status \_\_\_\_\_ Reason for Discharge: \_\_\_\_\_

Legal Status \_\_\_\_\_ Legal Consent \_\_\_\_\_

Client Address: \_\_\_\_\_  
House Number Street City State Zip

Phone #: \_\_\_\_\_ Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

County of San Bernardino  
Department of Behavioral Health

Client Episode Summary

Confidential Patient Information

See Welfare & Institution Code 5328 2/2004

Client Name (Last, First, MI): \_\_\_\_\_

Client ID#: \_\_\_\_\_

Reporting Unit: \_\_\_\_\_

Booking: \_\_\_\_\_

(If Applicable)

## CSI Code Explanations

**Trauma:** Identifies whether or not the client has experienced trauma. Valid codes are: “Y” yes, “N” no or “U” unknown.

**Substance Abuse/Dependence:** Identifies whether the client has a substance abuse/dependence issue. Valid codes are: “Y” yes, “N” no or “U”

**Substance Abuse/Dependence Diagnosis:** Enter DSM IV diagnosis code for substance abuse/dependence diagnosis if any.

**Clinician:** Please indicate name and 4 digit staff number.

**Physician:** Please indicate name and 4 digit staff number.

**Living Situation:** Different codes can be identified at time of opening and then at time of closing. Refer to “Episode Opening & Closing Codes” document.

**Employment Status:** Different codes can be identified at time of opening and then at time of closing. Refer to “Episode Opening & Closing Codes” document.

**Legal Consent:** Refer to “Episode Opening & Closing Codes” document.

**Legal Status:** Different codes can be identified at time of opening and then at time of closing. Refer to “Episode Opening & Closing Codes” document.

**Client Address:** Should provide client’s physical address.

**Completed by:** Signed by clinical staff completing form.

**Refer to:** Up to three (3) referral codes can be used per episode. Refer to “Episode Opening & Closing Codes” document.

**Reason for Discharge -** Refer to “Episode Opening & Closing Codes” document.