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	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: 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

5: 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.	

6: 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: _____