



County of San Luis Obispo

CSI Standalone Collection Form

Client ID

County of Submission

First Name at Birth

Last Name at Birth

Middle Name at Birth

Suffix at Birth

Date of Birth

Mother's First Name

Place of Birth – Country

Place of Birth – State

Place of Birth – County (if CA)

Gender

Is the client of Hispanic or Latino ethnicity? Yes No Unknown

Race(s) Select all that apply

			American Indian or Alaska Native		Asian Indian	
	Black or African American		Cambodian	Chinese	Filipino	Guamanian
Hmong	Japanese	Korean	Laotian	Mien	Native Hawaiian	Other
Other Pacific Islander	Samoan		Unknown/Not Reported		Vietnamese	White or Caucasian

Additional Client Information

Current First Name

Current Last Name

Current Middle Name

Current Suffix

Social Security Number

Client CIN #

Has the client experienced a traumatic event?

Yes No Unknown



County of San Luis Obispo

CSI Standalone Collection Form Cont'd

Client Name

MRN

Primary Language

Preferred Language

American Sign Language (ASL)	American Sign Language (ASL)
Spanish	Spanish
Cantonese	Cantonese
Japanese	Japanese
Korean	Korean
Tagalog	Tagalog
Other Non-English	Other Non-English
English	English
Other Sign Language	Other Sign Language
Mandarin	Mandarin
Other Chinese Dialects	Other Chinese Dialects
Cambodian	Cambodian
Armenian	Armenian
Ilocano	Ilocano
Mien	Mien
Unknown/Not Reported	Unknown/Not Reported
Hmong	Hmong
Lao	Lao
Turkish	Turkish
Hebrew	Hebrew
French	French
Polish	Polish
Russian	Russian
Portuguese	Portuguese
Italian	Italian
Arabic	Arabic
Samoan	Samoan
Thai	Thai
Farsi	Farsi
Vietnamese	Vietnamese



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CSI Standalone Collection Form Cont'd

Client Name

MRN

Special Population (Select one)

- No special population service(s)
- Assisted Outpatient Treatment Service(s) (AB 1421)
- Individualized Education Plan (IEP) required service(s)(AB 3632)
- Governors Homeless Initiative (GHI) service(s)
- Welfare-to-Work plan specified service(s)

Client is being *admitted* to an acute 24-hour Mental Health Service

Legal class at admission (Select One)

Admission necessity code(Select One)

- Voluntary
- 72 Hour Evaluation and Treatment for Adults
- 72 Hour Evaluation and Treatment for Children
- 14 Day Intensive Treatment
- Additional 14 day hold
- Additional 30 day hold
- Additional 180 day hold
- Other involuntary civil status
- Charges and/or convictions pending
- Determination of competency to stand trial
- Found "not guilty by reason of insanity"
or "guilty but insane"
- Determination of sexual psychopathy
and related legal categories
- Transferred from correctional facilities
- Other involuntary criminal status
- Unknown/Not Reported

- Emergency
- Planned (Prior Authorization)
- Unknown/Not reported



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CSI Standalone Collection Form Cont'd

Client Name

MRN

Client is being **discharged** from an acute 24-hour Mental Health Service

Legal class at discharge (Select One)

Voluntary

72 Hour Evaluation and Treatment for Adults

72 Hour Evaluation and Treatment for Children

14 Day Intensive Treatment

Additional 14 day hold

Additional 30 day hold

Additional 180 day hold

Other involuntary civil status

Charges and/or convictions pending

Determination of competency to stand trial

Found "not guilty by reason of insanity" or "guilty but insane"

Determination of sexual psychopathy and related legal categories

Transferred from correctional facilities

Other involuntary criminal status

Unknown/Not Reported



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CSI Standalone Collection Form Cont'd

Client Name

MRN

Patient Status Code (Select One)

Still a patient or expected to return

Discharged to home, self care, foster care, shelter care

Discharged/Transferred to Residential/Board & Care (not locked, supervised living, no treatment)

Discharged/Transferred to Community Residential Treatment (not locked, custodial)

Discharged/Transferred to Community Treatment Facility (locked, no nursing care)

Discharged/Transferred to Skilled Nursing Facility/Intermeditate Care Facility (unlocked or locked)

Discharged/Transferred to to Acute Care Hospital or Psychiatric Health Facility (PHF)

Discharged/Transferred to State Hospital

Discharged/Transferred to Jail

Unplanned Discharge

Expired

Other

Unknown/Not Reported



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CSI Standalone Collection Form Cont'd

Client Name

MRN

General Medical Condition(s) (Select all that apply)

No general medical condition

01 = Arterial Sclerotic Disease

02 = Heart Disease

03 = Hypercholesterolemia

04 = Hyperlipidemia

05 = Hypertension

06 = Birth Defects

07 = Cystic Fibrosis

08 = Psoriasis

09 = Digestive Disorders (Reflux, Irritable Bowel Syndrome)

10 = Ulcers

11 = Cirrhosis

12 = Diabetes

13 = Infertility

14 = Hyperthyroid

15 = Obesity

16 = Anemia

17 = Allergies

18 = Hepatitis

19 = Arthritis

20 = Carpel Tunnel Syndrome

21 = Osteoporosis

Does the client have a Substance Abuse/Dependence issue?

Yes, the client has a substance abuse/dependence issue

Unknown

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No, the client does not have a substance abuse/dependence issue

Not Reported



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CSI Standalone Collection Form Cont'd

Client Name

MRN

Current employment status

Highest Completed Education Level

Full time, 35 hours or more per week,
in competitive job market

None

Kindergarten

Part time, less than 35 hours per week,
in competitive job market

Grade Level _____ (# 1-20)

GED

Full time, 35 hours per week,
in noncompetitive job market

Bachelor's

Master's

Part time, less than 35 hours per week,
in noncompetitive job market

Doctorate

Other Postsecondary Education Program

Not in the paid workforce

Other – Includes vocational education and training

Actively looking for work

Unknown/Not Reported

Homemaker

Student

Volunteer Worker

Retired

Resident/Inmate of institution

Other

Unknown/Not reported

Conservatorship/Court Status

Temporary Conservatorship (W&I Code, Section 5353)

Lanterman-Petris-Short (W&I Code, Section 5353)

Murphy (W&I Code, Section 5008)

Probate (Probate Code, Division 4, Section 1400)

PC 2974 (Penal Code, Section 2974)

Representative Payee Without Conservatorship (W&I Code, Section 5686)

Juvenile Court, Dependent of the Court (W&I Code, Section 300)

Juvenile Court, Ward – Status Offender (W&I Code, Section 601)

Juvenile Court, Ward – Juvenile Offender (W&I Code, Section 602)

Not Applicable

Unknown/Not reported



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CSI Standalone Collection Form Cont'd

Client Name

MRN

Living Arrangement

House or apartment (includes trailers, hotels, dorms, barracks, etc)

House or apartment and requiring some support with daily living activities (applies to adults only)

House or apartment and requiring daily support and supervision (applies to adults only)

Supported housing (applies to adults only)

Foster family home

Group home (includes Levels 1-12 for children)

Residential Treatment Center (includes Levels 13- 14 for children)

Community Treatment Facility

Board and Care

Adult Residential Facility, Social Rehab facility, Crisis Residential, Transitional Residential, Drug Facility, Alcohol

Facility Mental Health Rehab Center (24/hour)

Skilled Nursing Facility/Intermediate Care Facility/Institute of Mental Disease (IMD)

Inpatient Psychiatric Hospital, Psychiatric Health Facility (PHF), or Veteran's Affairs (VA) Hospital

State Hospital

Justice Related (Juvenile Hall, CYA home, correctional facility, jail, etc)

Homeless, no identifiable residence

Other

Unknown, Not Reported

of Persons under the age of 18 the client is responsible for more than 50% of the time

of Persons over the age of 17 the client is responsible for more than 50% of the time