



# Network Provider Client Registration & Admission

<b>*** PROVIDER USE ONLY***</b>	
Client MRN: _____	
<input type="checkbox"/> Initial Registration (1st Visit)	
<input type="checkbox"/> Annual Update	
PROVIDER NAME: _____	
<input type="checkbox"/> MD Add-on Date: _____	
MD NAME: _____	

CLIENT NAME				
Client's Current Last Name	First	Middle	Gen (Sr., Jr)	Today's Date
Alias(es), Other names used in the past:				
CLIENT IDENTIFICATION				
Date of Birth		SS#		Medi-Cal Card Number (CIN)
County of Birth	State of Birth	Country of Birth	Mother's Last Name	Mother's First Name
ADDRESS				
Street Address		City	State	Zip-Code+4
Address Type (Please check one) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Shelter <input type="checkbox"/> Homeless <input type="checkbox"/> Foreign <input type="checkbox"/> Unknown				
TELEPHONE				
Telephone Number (    )		Telephone Type <input type="checkbox"/> Cell <input type="checkbox"/> Fax <input type="checkbox"/> Home <input type="checkbox"/> Message <input type="checkbox"/> Pager <input type="checkbox"/> Work		
DEMOGRAPHICS				
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Nonbinary <input type="checkbox"/> Unknown		Marital Status <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Not Collected <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown		
# Dependents Under 18:		# Dependents Over 18:		
Residential Living Arrangement (check one)				
<input type="checkbox"/> Adult Residential Facility	<input type="checkbox"/> Homeless - No Residence	<input type="checkbox"/> Lives alone	<input type="checkbox"/> Small Board & Care	
<input type="checkbox"/> Alcohol Abuse Facility	<input type="checkbox"/> Homeless, No Identifiable Residence	<input type="checkbox"/> Lives with family	<input type="checkbox"/> SNF/ICF	
<input type="checkbox"/> Community Treatment Facility	<input type="checkbox"/> House or Apartment	<input type="checkbox"/> Lives with others	<input type="checkbox"/> SNF/ICF - Psych Reasons	
<input type="checkbox"/> Crisis Residential Facility	<input type="checkbox"/> House or Apt. with Supervision	<input type="checkbox"/> Lives with relatives	<input type="checkbox"/> State Hospital	
<input type="checkbox"/> Drug Abuse Facility	<input type="checkbox"/> House or Apt. with Support	<input type="checkbox"/> MH Rehab Center (24 Hour)	<input type="checkbox"/> Supported Housing	
<input type="checkbox"/> Foster Family Home	<input type="checkbox"/> Inpatient Psychiatric / PHF	<input type="checkbox"/> Res Tx Cntr (Level 13-14 Child)	<input type="checkbox"/> Temporary Arrangement	
<input type="checkbox"/> General Hospital	<input type="checkbox"/> Institute of Mental Disease (IMD)	<input type="checkbox"/> Satellite Housing	<input type="checkbox"/> VA Hospital	
<input type="checkbox"/> Group Home (Level 1-12 Child)	<input type="checkbox"/> Justice Related	<input type="checkbox"/> Single Room	<input type="checkbox"/> Other	
<input type="checkbox"/> Group Quarters	<input type="checkbox"/> Large Board & Care		<input type="checkbox"/> Unknown / Not Reported	
Occupation Type (check one)		Employment Status (check one)		
<input type="checkbox"/> Executive/Manager	<input type="checkbox"/> Disabled	<input type="checkbox"/> Student, Employed Part Time		
<input type="checkbox"/> Farming/Forestry	<input type="checkbox"/> Full time, 35 hours or more per week (comp)	<input type="checkbox"/> Student, Full Time		
<input type="checkbox"/> Production/Labor	<input type="checkbox"/> Full time, 35 hours or more per week (non comp)	<input type="checkbox"/> Student, Part Time		
<input type="checkbox"/> Sales/Service	<input type="checkbox"/> Full-time training	<input type="checkbox"/> Unemployed, actively looking for work		
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Homemaker, Not Seeking Work	<input type="checkbox"/> Unemployed, not seeking work		
<input type="checkbox"/> Unknown/Not Reported	<input type="checkbox"/> Homemaker, Seeking Work	<input type="checkbox"/> Volunteer Worker		
	<input type="checkbox"/> Part time, less than 35 hours per week (comp)	<input type="checkbox"/> Other		
	<input type="checkbox"/> Part time, less than 35 hours per week (non comp)	<input type="checkbox"/> Unknown / Not Reported		
	<input type="checkbox"/> Resident / Inmate of institution	<input type="checkbox"/> Part-time training		
	<input type="checkbox"/> Retired			
Veteran's Status (check one)				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Hispanic Origin (check one)				
<input type="checkbox"/> Cuban <input type="checkbox"/> Hispanic <input type="checkbox"/> Mexican/Mexican American <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Other Hispanic/Latino <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Unknown/Not Reported				

Client Name: \_\_\_\_\_

Client Date of Birth: \_\_\_\_\_

Race (check all that apply)					
<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Mixed Race	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Unknown/Not Reported
<input type="checkbox"/> American Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Laotian	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other Southeast Asian	
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Latin American	<input type="checkbox"/> Other	<input type="checkbox"/> Samoan	
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hmong	<input type="checkbox"/> Mexican American	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Mien	<input type="checkbox"/> Other Hispanic	<input type="checkbox"/> White or Caucasian	
Primary Language: (check one response)			Preferred Language: (check one response)		
<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Ilocano	<input type="checkbox"/> Polish	<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Ilocano	<input type="checkbox"/> Polish
<input type="checkbox"/> Arabic	<input type="checkbox"/> Italian	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Arabic	<input type="checkbox"/> Italian	<input type="checkbox"/> Portuguese
<input type="checkbox"/> Armenian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Russian	<input type="checkbox"/> Armenian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Russian
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Korean	<input type="checkbox"/> Samoan	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Korean	<input type="checkbox"/> Samoan
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Lao	<input type="checkbox"/> Spanish	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Lao	<input type="checkbox"/> Spanish
<input type="checkbox"/> English	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Tagalog	<input type="checkbox"/> English	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Tagalog
<input type="checkbox"/> Farsi	<input type="checkbox"/> Mien	<input type="checkbox"/> Thai	<input type="checkbox"/> Farsi	<input type="checkbox"/> Mien	<input type="checkbox"/> Thai
<input type="checkbox"/> French	<input type="checkbox"/> Other Chinese	<input type="checkbox"/> Turkish	<input type="checkbox"/> French	<input type="checkbox"/> Other Chinese	<input type="checkbox"/> Turkish
<input type="checkbox"/> Hebrew	<input type="checkbox"/> Other Non-English Language	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Other Non-English Language	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Hmong		<input type="checkbox"/> Unknown/Not Reported	<input type="checkbox"/> Hmong		<input type="checkbox"/> Unknown/Not Reported

**EDUCATION**

**Type:**  
 Highest Grade Completed: \_\_\_\_\_  None  Decline to State

**EMERGENCY OR MESSAGE CONTACT**

<b>Relation to Consumer:</b>	<b>Contact Type:</b> <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Message
<b>Current Last Name</b> <b>First Name</b>	<b>Telephone Number:</b> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Message <input type="checkbox"/> Pager <input type="checkbox"/> Work (       )

**\*\*\*\*\* PROVIDER USE ONLY \*\*\*\*\***

<b>Facility/Place of Service – Location (City):</b>	<b>Group Name:</b> (if applicable)
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<b>Admission Date:</b> (first billable service)	<b>ICD-10 Code:</b>	<b>DSM5 Description:</b>
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**Legal/Court Status**

<input type="checkbox"/> Temporary Conservatorship (WI Code Section 5353)	<input type="checkbox"/> Representative Payee (WI Code Section 5686)
<input type="checkbox"/> LPS Conservatorship (WI Code Section 5358)	<input type="checkbox"/> Juvenile Court, Dependent of the Court (WI Code, Section 300)
<input type="checkbox"/> Murphy Conservatorship (WI Code Section 5008)	<input type="checkbox"/> Juvenile Court, Ward - Status Offender (WI Code Section 601)
<input type="checkbox"/> Probate (Probate Code, Division 4, Section 1400)	<input type="checkbox"/> Juvenile Court, Ward - Juvenile Offender (WI Code Section 602)
<input type="checkbox"/> Parolee PC 2974 (Penal Code, Section 2974)	<input type="checkbox"/> Not Applicable

**Substance Use?**  Yes  No  Unknown    SU ICD-10 Code: \_\_\_\_\_

<b>Provider Printed Name/License</b>	<b>Signature</b>	<b>Date</b>
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