

Patient Characteristics Survey 1999

Survey for the week ending 10/31/99

29. Sheet

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of _____

1. Facility Name		2. Facility Code	
3. Unit/Site Name		4a. Unit Code	4b. Site Code

For Codes Not Labeled Below, Please See Back of Form.

5a. First Initial, First Name <input style="width: 30px; height: 20px;" type="text"/>		5b. First Initial, Last Name <input style="width: 30px; height: 20px;" type="text"/>		6. Date of Birth <table style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"><input type="text"/></td> </tr> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>				<input type="text"/>	M	M	D	D	Y	Y	Y	Y							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																
M	M	D	D	Y	Y	Y	Y																
7. Gender (circle one) 1 2 9 M F Unkn		8. Ethnicity (circle one) 1 2 3 4 5 6 9 White Black Hispanic Asian/ Native Other Unkn (not Hisp) (not Hisp) Pacific Isl. Amer																					
9a. Residence Type Own Home/Apt = 01 Unkn = 99 <input style="width: 20px; height: 20px;" type="text"/>		9b. Residence Zip Code Homeless = 88888 Unkn = 99999 <input style="width: 30px; height: 20px;" type="text"/>			9c. County of Residence NYS County Unkn = 70 Unascertained = 99 <input style="width: 20px; height: 20px;" type="text"/>																		
10. Primary Language Unkn = 99 <input style="width: 20px; height: 20px;" type="text"/>		11. Veteran Status (circle all that apply) 0 1 2 3 4 9 Not Unkn		12. Current Disabilities (circle all that apply) 0 1 2 3 4 5 9 None MI MR/DD Alc/Alc Drug/ Physical Unkn Abuse Subst Abs																			
13. SPMI or SED (circle one) 0 1 9 No Yes Unkn			14. Prior Mental Health Services (circle all that apply) 00 01 02 03 04 05 06 07 08 09 99 None Unkn																				
15a. Diagnostic System (circle one) 0 1 2 3 4 5 9 No Dx Avail. DSM III DSM III-R DSM IV ICD-9 CM Other Unkn			15b. Principal Psychiatric Diagnosis <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/>		15c. Additional Psychiatric Diagnosis <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/>																		
16. SSI Enrollment (circle one) 0 1 2 9 No Yes Pending Unkn			17. SSDI Enrollment (circle one) 0 1 2 9 No Yes Pending Unkn		18. Other Income Program (circle all that apply) 0 1 2 3 4 5 9 None Unkn																		
19. Medicaid Enrollment (circle one) 0 1 2 9 No Yes Pending Unkn			20. Managed Care Enrollment (circle one) 0 1 2 9 No Yes Pending Unkn																				

21. Date of Admission, Current Episode:

If program does formal admission paperwork, enter admission date for current episode of treatment. (Examples: clinic; community residence; continuing day treatment.)

<input type="text"/>							
M	M	D	D	Y	Y	Y	Y

OR

If program does not do formal admission paperwork, circle 7's.

7	7	7	7	7	7	7	7
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22. Source of Referral (Unkn = 99) <input style="width: 30px; height: 20px;" type="text"/>	23. Inpatient Legal Status (circle one) 0 1 2 3 4 Not Inpt Volunt/ Informal Involunt, Civil Involunt, Part 57 Transf Corrections Law, Crim. Proced. Law
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24. Criminal Justice Status Not Criminal Justice = 00 Unkn = 99 <input style="width: 30px; height: 20px;" type="text"/>	25. Date Last Served Before 10/25/1999 Never = 00000000 Unk = 99999999 <table style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"><input type="text"/></td> </tr> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	<input type="text"/>	M	M	D	D	Y	Y	Y	Y							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
M	M	D	D	Y	Y	Y	Y										

26. Circle Date(s) of Client Service During Survey Week (circle all that apply)

October 25 26 27 28 29 30 31

27. Disposition Not Terminated = 00 Unkn = 99 <input style="width: 30px; height: 20px;" type="text"/>	28. Source of Payment (circle all that apply) 0 1 2 3 4 5 6 7 8 9 10 99 None Unkn
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Contact Name		Phone ()				
Client Name	Facility/Unit/Site Code	Sheet <table style="width: 40px; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"><input type="text"/></td> </tr> </table> of _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			