



Network Provider Client Registration & Admission

CLIENT NAME				
Client's Current Last Name	First	Middle	Gen (Sr., Jr)	Medi-Cal Card #(CIN)
SSN:	Date of Birth	Legal Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary		
Street Address		City	State	Zip-Code+4
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		
Living Arrangement:	# of Dependants Under 18:	# of Dependants Over 18:		
Preferred Language:		Mother's Maiden Name:		
Race (Check all that apply):				
<input type="checkbox"/> Other Race <input type="checkbox"/> Declined to State <input type="checkbox"/> Unknown <input type="checkbox"/> American Indian/Alaska Native – American Indian <input type="checkbox"/> American Indian/Alaska Native – Alaska Native <input type="checkbox"/> Asian – Asian Indian <input type="checkbox"/> Asian – Bangladeshi <input type="checkbox"/> Asian – Bhutanese <input type="checkbox"/> Asian – Burmese <input type="checkbox"/> Asian – Cambodian <input type="checkbox"/> Asian – Chinese <input type="checkbox"/> Asian – Filipino	<input type="checkbox"/> Asian - Hmong <input type="checkbox"/> Asian - Indonesian <input type="checkbox"/> Asian - Japanese <input type="checkbox"/> Asian - Korean <input type="checkbox"/> Asian - Loatian <input type="checkbox"/> Asian - Malaysian <input type="checkbox"/> Asian - Okinawan <input type="checkbox"/> Asian – Pakistani <input type="checkbox"/> Asian – Sri Lankan <input type="checkbox"/> Asian – Taiwanese <input type="checkbox"/> Asian – Thai <input type="checkbox"/> Asian - Vietnamese <input type="checkbox"/> Asian - Iwo Jiman <input type="checkbox"/> Asian - Maldivian <input type="checkbox"/> Asian - Nepalese <input type="checkbox"/> Asian - Singaporean	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander - Polynesian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander - Micronesian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander - Melanesian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander – Other Pacific Islander <input type="checkbox"/> Native Hawaiian/Other Pacific Islander – Native Hawaiian <input type="checkbox"/> White - European	<input type="checkbox"/> White – Middle Eastern of North African <input type="checkbox"/> White - Arab <input type="checkbox"/> Black/African American – African American <input type="checkbox"/> Black/African American – African <input type="checkbox"/> Black/African American – Bahamian <input type="checkbox"/> Black/African American – Black <input type="checkbox"/> Black/African American – Dominican Islander <input type="checkbox"/> Black/African American – Dominican <input type="checkbox"/> Black/African American – Haitian	<input type="checkbox"/> Black/African American – Jamaican <input type="checkbox"/> Black/African American – Tobagoan <input type="checkbox"/> Black/African American – Trinidadian <input type="checkbox"/> Black/African American – West Indian <input type="checkbox"/> Black/African American – Madagascar <input type="checkbox"/> White – White/Other <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian – Other <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian <input type="checkbox"/> Other: _____
Ethnicity Origin (check one)				
<input type="checkbox"/> Declined to State <input type="checkbox"/> Unknown <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Spaniard - Andalusian <input type="checkbox"/> Spaniard - Asturian <input type="checkbox"/> Spaniard - Castillian <input type="checkbox"/> Spaniard - Catalanian <input type="checkbox"/> Spaniard - Belearic Islander <input type="checkbox"/> Spaniard - Gallego <input type="checkbox"/> Spaniard - Valencian <input type="checkbox"/> Spaniard - Canarian <input type="checkbox"/> Spaniard - Spaniard <input type="checkbox"/> Spaniard - Spanish Basque <input type="checkbox"/> Mexican - Mexican American <input type="checkbox"/> Mexican - Mexicano	<input type="checkbox"/> Mexican - Mexican <input type="checkbox"/> Mexican - Chicano <input type="checkbox"/> Mexican - La Raza <input type="checkbox"/> Mexican - Mexican American Indian <input type="checkbox"/> Central American - Central American <input type="checkbox"/> Central American - Costa Rican <input type="checkbox"/> Central American - Guatemalan <input type="checkbox"/> Central American - Honduran <input type="checkbox"/> Central American - Nicaraguan <input type="checkbox"/> Central American - Panamanian <input type="checkbox"/> Central American - Salvadoran <input type="checkbox"/> Central American - Central American Indian <input type="checkbox"/> Central American - Canal Zone <input type="checkbox"/> South American - Argentinean <input type="checkbox"/> South American - Bolivian	<input type="checkbox"/> South American - Chilean <input type="checkbox"/> South American - Colombian <input type="checkbox"/> South American - Ecuadorian <input type="checkbox"/> South American - Paraguayan <input type="checkbox"/> South American - Peruvian <input type="checkbox"/> South American - South American <input type="checkbox"/> South American - Uruguayan <input type="checkbox"/> South American - Venezuelan <input type="checkbox"/> South American - Criollo <input type="checkbox"/> Latin American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican <input type="checkbox"/> Other		
Birth Country:	Birth State:		Birth County:	

Client Name: _____

Client Date of Birth: _____

Education Level (check all that apply)

Type:

Highest Grade Completed: _____ None Decline to State

Employment Status:

<input type="checkbox"/> Full Time	<input type="checkbox"/> Retired	<input type="checkbox"/> Not Employed
<input type="checkbox"/> Part Time	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Unknown
<input type="checkbox"/> Student - Full Time	<input type="checkbox"/> On Active Military Duty	
<input type="checkbox"/> Student - Part Time	<input type="checkbox"/> Disabled	

Guarantor Information (Complete for minor client under 18)

Relation to Client	Current Last Name, First Name	Date of Birth	Legal Sex	Telephone Number: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Message <input type="checkbox"/> Pager <input type="checkbox"/> Work _____
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***** **PROVIDER USE ONLY** *****

Facility/Place of Service – Location (City):

Group Name: (if applicable)

Date of First Contact with Client:

Referral Source:

1st Assessment Offer Date:
2nd Assessment Offer Date:
3rd Assessment Offer Date:
Assessment Start Date:

Treatment Appointment:

1st Treatment Offer Date:
2nd Treatment Offer Date:
3rd Treatment Offer Date:
Treatment Start Date:

ICD-10 Code:

ICD-10 Description:

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 <input type="checkbox"/> Unknown/Not Reported

Substance Use? Yes No Unknown SU ICD-10 Code: _____

Has the client experienced a tramatic event? Yes No Unknown

Provider Printed Name/License

Signature

Date