Shasta County Mental Health

Redding, California

◯ Admission ◯ Update ◯ Discharge

Date: _____ Program: _____

Staff Name: _____ Staff Code: _____

Axis I (Primary): ◯ _____

Axis I (2): _____

Axis I (3): _____

Axis I (4): _____

Axis II (Primary): ◯ _____

Axis II (2): _____

Axis III: _____

Axis IV

◯ Primary Support Group ◯ Social Environment

◯ Educational ◯ Occupational

◯ Housing ◯ Economic

◯ Health Care Services ◯ Legal System/Crime

◯ Other Problems

Axis V Current GAF: _____

CSI Reporting

Any Physical Health Disorders affecting mental health?

◯ Yes ◯ No ◯ Unknown

Any Developmental Disabilities affecting mental health?

◯ Yes ◯ No ◯ Unknown

Trauma ? ◯ Yes ◯ No ◯ Unknown

Substance Abuse /Dependence ? ◯ Yes ◯ No ◯ Unknown

Substance Abuse/Dependence Diagnosis: _____

Discharge Summary Only

Reason for Discharge

Client Status Code

Client Legal Class

Print Form

Program Diagnosis /Program Discharge Form

Client	
Chart #	DOB

Financials/Episodes

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