Shasta County Mental Health

Redding, California

Type of Admission

Source of Admission

Date:

Initial

Update

Admission Necessity

County of Responsibility

Program:

Staff Name:

Client Address Number Street Apt #, City, Zip Code

Phone Number

Client's Living Arrangements

Gender

Social Security #

Birthplace

DOB

Birth Name

Mother 's First Name

Alias

Primary Language

Preferred Language

Race

Hispanic Origin

Marital Status

Education

Employment Status

Special Population

School District (if Special Population IEP)

Conservatorship/Court Status

Client Legal Class (Admission only)

Any Developmental Disabilities affecting mental health?

Yes No Unknown

Any Physical Health Disorders affecting mental health?

Yes No Unknown

Number of children less than 18 years of age that the client cares for /is responsible for at least 50% of the time.

Number of dependent adults 18 years of age and above that the client cares for /is responsible for at least 50% of the time.

I, the undersigned, and or the parent/guardian, request that I be accepted as an active client for treatment in the Shasta County Mental Health Services. I hereby authorize Shasta County Mental Health Services to release information that is requested by insurance carriers if any insurance is billed on my behalf.

I have been notified I need to contact the Shasta County Mental Health Business Office to determine the Uniform Methodology of Ability to Pay and determine insurance coverage within 30 days of signing this form.

I hereby affirm that the statements made herein are true and correct to the best of my knowledge.

Signature Client/Responsible Party

Interviewed by

I acknowledge that I have received a copy of Shasta County's Notice of Privacy Practices effective April 14, 2003.

Signature Client/Responsible Party

Client declined the Notice and/or refused to sign this acknowledgement

Client is Medi-Cal Eligible and Informing Materials offered

Other Insurance Coverage (Card attached)

Medi-Cal CIN

Print Form

Client Registration Form

Client			
Chart #		DOB	

Financial/Episode

Rev 01/2011 LB