COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH

CLIENT FACE SHEET
CLIENT DATA

CONFIDENTIAL CLIENT INFORMATION
SEE CALIFORNIA WELFARE AND
INSTITUTIONS CODE 5328

CLIENT I.D.#
A01

CLIENT INFORMATION (CLNT SCREEN)

CLIENT NAME LAST	FIRST	MIDDLE
A04		

AKA or MAIDEN LAST NAME	FIRST	MIDDLE
B01		

SEX	ETHNICITY	DATE OF BIRTH	ESTIMATED AGE	DATE OF DEATH	SOCIAL SECURITY#	MOTHER'S MAIDEN NAME
B02 F	B03	B04		B05	B06	B07

CLIENT ADDRESS/HOUSE # and DIRECTION	STREET NAME	STREET TYPE	APT/FLOOR
B08			

CITY	STATE	ZIP	COUNTY	AREA CODE	CLIENT PHONE HOME NUMBER	AREA CODE	BUSINESS/ OTHER NUMBER
B09	B10		B11	B12		B14	

ENGLISH SPEAKING YES/NO	PRIMARY LANGUAGE	HANDICAP	HIGHEST GRADE	VETERAN	AGENCY OF PRIMARY RESP.	
C01 Yes	C02	C03	C04	C05	C06	

EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP	AREA CODE	TELEPHONE NUMBER
D01	D02	D03	

ADDRESS/STREET	CITY	STATE	ZIP	
D04				

FINANCIAL DATA

UMDAP DATE	REPT UNIT	FAMILY INCOME	SOURCE OF INCOME	NO. OF DEPENDENTS	ANNUAL LIABILITY
E01	E02	E03	E04	E05	E06

FINANCIAL RESPONSIBILITY (INDICATE EACH PAYMENT SOURCE WITH A "Y")

COUNTY	SD/MEDI-CAL	CLIENT OR FAMILY	MEDICARE	CHAMPUS	INSURANCE/ THIRD PARTY	UNKNOWN
E07						

HMO-PHP PLAN NAME	HMO-PHP	MEDICARE NUMBER
E08	E09	E10

ADDITIONAL FINANCIAL INFORMATION (EPI2 SCREEN)

MEDI-CAL ID or CLIENT ID NO.			EFF. DATE MO/YR	24-HOUR LATE CODE	CTY WITH FISCAL RESP
COUNTY	AID	WELFARE/BEN.			
F01	F02		F03	F04	F05

SFPR/COORDINATOR INFORMATION

SFPR/Coord ID Or Special GROUP	NAME LAST (Not a Data Entry Field)	FIRST (Not a Data Entry Field)	AREA CODE	Phone Number
G01	G02		G03	

PROVIDER NO.	PROVIDER NAME (Not a Data Entry Field)	Level of Care	CYCLE DATE (Not a Data Entry Field)
G04	G05	G06	G07

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH

CLIENT FACE SHEET
EPISODE DATA

CONFIDENTIAL CLIENT INFORMATION
SEE CALIFORNIA WELFARE AND
INSTITUTIONS CODE 5328

CLIENT I.D.#	REPORTING UNIT#	EPISODE #
A01	A02	A03

EPISODE INFORMATION (EPIS SCREEN)
ADMISSION DATA

CLIENT NAME	LAST	FIRST	MIDDLE
A04			

PATIENT FILE#	ADMIT DATE	MARITAL STATUS	EMPLOY STATUS	LEGAL STATUS	LIVING ARRANGE
H01	H02	H03	H04	H05	H06

PRIMARY THERAPIST LAST NAME, FIRST I.	STAFF CODE	WARD NO.	REFERRAL IN CODE	REFERRAL IN REPORTING UNIT	24-HOUR ACTIVITY CODE	AUTH OF MINOR
H07	H08	H09	H10	H11	H12	H13

INTENT OF SERVICE	PRIMARY PROBLEM AREA	24-HR ADMIT NECESSITY
H14 ☐ 1. Assessment ☐ 2. Improvement ☐ 3. Maintenance	H15 ☐ 1. Mentally Ill Disabled ☐ 2. DD ☐ 3. Alcoholism ☐ 4. Drug Abuse ☐ 5. Mentally Disordered Off	H16

ADMIT/CURRENT DIAGNOSIS

AXIS V CODE GAF	PRINCIPAL DSM IV DIAGNOSIS	DSM IV CODE	SECONDARY DSM IV DIAGNOSIS	DSM IV CODE
I01	I02		I03	

DUAL DIAGNOSIS	DUAL CODE	OTHER DSM IV or ICD9 DIAGNOSIS	CODE	AXIS IV CODE Psychosocial
I04		I05		I06

DISCHARGE DATA

DISCHARGE DATE	MARITAL STATUS	EMPLOY STATUS	LIVING ARRANGEMENT	CURR ON DISC	PRINCIPAL DSM IV DIAGNOSIS	DSM IV CODE
J01	J02	J03	J04	J05	J06	

SECONDARY DSM IV DIAGNOSIS	DSM IV CODE	OTHER DSM IV or ICD9 DIAGNOSIS	ICD-9 CODE	AXIS V CODE GAF
J07		J08		J09

REFERRAL OUT CODE	REFERRAL OUT REPORTING UNIT	24-HR PATIENT STATUS CODE
J10	J11	J12

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH

CLIENT FACE SHEET
CLIENT BIRTH DATA

CONFIDENTIAL CLIENT INFORMATION
SEE CALIFORNIA WELFARE AND
INSTITUTIONS CODE 5328

CLIENT I.D.#

CLIENT INFORMATION (CLNH SCREEN)

PLACE OF BIRTH					
COUNTY	STATE	COUNTRY	MOTHER'S FIRST NAME		
CLIENT BIRTH NAME LAST			FIRST	MIDDLE	SUFFIX

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH

CLIENT FACE SHEET
PERIODIC DATA

CONFIDENTIAL CLIENT INFORMATION
SEE CALIFORNIA WELFARE AND
INSTITUTIONS CODE 5328

CLIENT I.D.#
A01

PERIODIC INFORMATION (CLNP SCREEN)

CLIENT NAME	LAST	FIRST	MIDDLE
A04			

EDUCATION LEVEL	EMPLOYMENT	LIVING ARRANGEMENT
C04	**H04**	**H06**
CONSERVATORSHIP	**AXIS IV CODE**	**AXIS V GAF**
L01	**I06**	**I01**

OTHER FACTORS Physical	OTHER FACTORS DD	OTHER FACTORS Dual	DUAL CODE
L02	L03	L04	**I04**

No data entry in shaded areas.

Complete upon admission, annually and Discharge