COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

INPATIENT SERVICE LOG

CONFIDENTIAL CLIENT INFORMATION | CALIFORNIA WELFARE & INSTITUTIONS CODE SEC. 5238

Provider #: _____

Rendering Provider: _____

Staff Code: _____

Client ID #	Client Last Name & First Initial	Admit Date	Start Date	End Date	Discharge Date	Procedure Code	* EBP/Srv Strategies Enter Code(s)	Ward	Authorization (For PDP Provider only)	Bill Medi-Cal	Bill Medi-care	Plan/ Funding Source
										☐	☐	
										☐	☐	
										☐	☐	
										☐	☐	
										☐	☐	
										☐	☐	
										☐	☐	
										☐	☐	
										☐	☐	
										☐	☐	
										☐	☐	
										☐	☐	
										☐	☐	
										☐	☐	

Rendering Provider:_____ **Date Received:**_____/_____/_____ **Entered By:**_____

Signature

Inpatient Srv Log–LP Contract v1
Rev. 11/16/2006 – nhd

* For a list of Evidence-Based Practices (EBP)/Service Strategies, please see the Codes Manual or download EBP/Service Strategy Codes at:
http://dmh.lacounty.gov/hipaa/cp_ISForms_Clinical.htm