

1127c Contract Provider Face Sheet

Request Type Admission Discharge Update

Date of admission/discharge Time

Reason for update (if applicable)

Client name

Client ID (if known)

Client DOB

Episode number (for update or discharge only)

Contract Provider

CSI Assessment Record Data:

Case practitioner (LPHA)

Case practitioner ID

Is substance abuse affecting mental health? Yes No Unknown

Are developmental disabilities affecting mental health? Yes No Unknown

Are physical health disorders affecting mental health? Yes No Unknown

If a discharge, type of discharge?

Other

Patient status code

Admission/discharge legal class

Submitted by

Date

Processed by

Date