

## CSI Standalone Collection

### Client Record

<b>Client ID</b>			
<b>First Name at Birth</b>		<b>Last Name at Birth</b>	
<b>Middle Name at Birth</b>		<b>Suffix at Birth</b>	
<b>Mother's First Name</b>		<b>Date of Birth</b>	
<b>Place of Birth: Country</b>		<b>Place of Birth: State</b>	
<b>Place of Birth: County</b>		<b>Gender</b>	
<b>Primary Language</b>		<b>Preferred Language</b>	
<b>Is the client of Hispanic or Latino ethnicity?</b>		<b>Race(s)</b>	

### Additional Client Information

<b>Current First Name</b>		<b>Current Last Name</b>	
<b>Current Middle Name</b>		<b>Current Suffix</b>	
<b>Social Security Number</b>		<b>Client Index Number (CIN)</b>	

<b>Has the Client Experienced a Traumatic Event?</b>		<b>Special Population</b>	
<input type="checkbox"/>	<b>Client is being admitted to an acute 24-Hour Mental Health</b>		
<b>Legal Class at Admission</b>		<b>Admission Necessity Code</b>	
<input type="checkbox"/>	<b>Client is being Discharged from an acute 24-Hour Mental Health Service</b>		
<b>Legal Class at Admission</b>		<b>Patient Status Code</b>	
<b>General Medical Conditions</b>	1. 2. 3.		
<b>Does this client have a Substance Abuse/Dependence issue?</b>			

Periodic Record			
<b>Current Employment Status</b>		<b>Highest Completed Education Level</b>	
<b>Conservatorship/Court Status</b>		<b>Living Arrangement</b>	
<b># of Persons under the age of 18 the client is responsible for more than 50% of the time</b>			
<b># of Persons over the age of 17 the client is responsible for more than 50% of the time</b>			