

CLIENT FACE SHEET

Note: Shaded/Bolded fields must be completed on individuals prior to Triage.
The remainder of the fields must be completed prior to opening an Episode.

*See Client Face Sheet Codes Table for a listing of codes/definitions for the field.
** Field is NOT entered into the IS; information gathering only.

CLIENT DATA			CLIENT I.D.#		
Last Name:					
First Name:			Middle Name:		
AKA/Maiden Last Name:					
AKA First Name:			Middle Name:		
SSN:		Mother's Maiden Name:			
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/>			DOB:		Age:
English Speaking: Yes <input type="checkbox"/> No <input type="checkbox"/>		*Primary Lang:		*Preferred Lang:	*Ethnicity:
*If Hispanic, Indicate Origin:			*If American Indian/Alaska Native, Indicate Tribe:		
*Education Level :		*Level of Care:		*Conservatorship:	
*Handicap:		*Marital Status:		*APR:	Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/>
*Living Arrangement:		*Employment Status:		Date of Death: _____	
** Are there children in the home? Yes <input type="checkbox"/> No <input type="checkbox"/>			** Dependent(s) in the home? Yes <input type="checkbox"/> No <input type="checkbox"/>		
** Insurance: Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Indigent <input type="checkbox"/> Private/Other <input type="checkbox"/>					Unknown <input type="checkbox"/>
CLIENT ADDRESS					
Transient/Homeless: Yes <input type="checkbox"/> No <input type="checkbox"/>			*Time Homeless:		
Address:					
Second Line:					
City:		*State:	Zip:	*County:	
Phone (Home):		** (Cell)	(Work)		
Address Memo:					
EMERGENCY CONTACTS			DO NOT CONTACT EMERGENCY CONTACTS EXCEPT IN EMERGENCY SITUATIONS WHICH HAVE BEEN CLEARLY DOCUMENTED		
Name:			*Contact Type:		
Address:		City:	*State:	Zip:	
Relationship:		Phone:		Email:	
Name:			*Contact Type:		
Address:		City:	*State:	Zip:	
Relationship:		Phone:		Email:	
Complete only if the Client's Child is enrolled in FSP					
Child's Name:			Contact Type: Child Enrolled in FSP		
Address:		City:	State:	Zip:	
DMH I.D.#		Phone:		Email:	
SFPR and PRIMARY CONTACT					
SFPR Name:			Provider Number:		
Primary Contact Name:			Provider Number:		
BIRTH INFORMATION					
Indicate Client Birth Name (If different than the name listed in Client Data)					
Last Name:		First Name:		Middle Name:	
Birth County:		Birth State:	Birth Country (If born outside US):		
Mother's First Name:					
This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.			Agency:		Provider #:
			Los Angeles County – Department of Mental Health		

CLIENT FACE SHEET CODE AND TABLE INFORMATION

		COUNTRY CODES			
AA=Aruba	CJ=Cayman Islands	GM=Germany	LI=Liberia	PF=Paracel Islands	TP=Soa Tome and
AC=Antigua & Barbuda	CK=Cocos (Keeling) Islands	GO=Glorioso Islands	LO=Slovakia	PG=Spratly Islands	TS=Lutisia
AF=Afghanistan	CM=Cameroon	GP=Guadeloupe	LQ=Palmyra Atoll	PK=Pakistan	TU=Turkey
AG=Algeria	CN=Comoros	GQ=Guam	LS=Liechtenstein	PL=Poland	TV=Tuvatu
AJ=Azerbaijan	CO=Colombia	GR=Greece	LT=Lesotho	PM=Panama	TW=Taiwan
AL=Albania	CQ=Northern Mariana Islands	GT=Guatemala	LU=Luxembourg	PO=Portugal	TX=Turkmenistan
AM=Armenia	CR=Coral Sea Islands	GV=Guinea	LY=Libya	PP=Papua New Guinea	TZ=Tanzania
AN=Andorra Islands	CS=Costa Rica	GZ=Guyana	MA=Madagascar	PS=Palau	UG=Uganda
AO=Angola	CT=Central African	GZ=Gaza Strip	MB=Martinique	PU=Guinea-Bissau	UK=United Kingdom
AQ=American Samoa	CU=Cuba	HA=Haiti	MC=Macau	QA=Qatar	UP=Ukraine
AR=Argentina	CV=Cape Verde	HK=Hong Kong	MD=Moldova	RE=Reunion	US=United States
AS=Australia	CW=Cook Islands	HM=Heard Island and	MF=Mayotte	RM=Marshall Islands	UV=Burkina
AT=Ashmore & Cartier Isl	CY=Cyprus	HO=Honduras	MG=Mongolia	RO=Romania	UY=Uruguay
AU=Austria	DA=Denmark	HQ=Howland Island	MH=Montserrat	RP=Philippines	UZ=Uzbekistan
AV=Anguilla	DJ=Djibouti	HR=Croatia	MI=Malawi	RQ=Puerto Rico	VC=St. Vincent And
AY=Antarctica	DO=Dominica	HU=Hungary	MK=Macedonia	RS=Russia	VE=Venezuela
BA=Bahrain	DQ=Jarvis Island	IC=Iceland	ML=Mali	RW=Rwanda	VI=British Virgin
BB=Barbados	DR=Dominican Republic	ID=Indonesia	MN=Monaco	SA=Saudi Arabia	VM=Vietnam
BC=Botswana	EC=Ecuador	IM=Man, Isle of	MO=Morocco	SB=St. Pierre and	VQ=Virgin Islands
BD=Bermuda	EG=Egypt	IN=India	MP=Mauritius	SC=St. Kitts and Nevis	VT=Vatican City
BE=Belgium	EI=Ireland	IO=British Indian	MQ=Midway Islands	SE=Seychelles	WA=Namibia
BF=The Bahamas	EK=Equatorial Guinea	IP=Clipperton Island	MR=Mauritania	SF=South Africa	WE=West Bank
BG=Bangladesh	EA=Estonia	IR=Iran	MT=Malta	SG=Senegal	WF=Wallis And
BH=Belize	ER=Eritrea	IS=Israel	MU=Oman	SH=St. Helena	WI=Western Sahara
BK=Bosnia & Herzegovi	ES=El Salvador	IT=Italy	MV=Maldives	SI=Sierra Leone	WQ=Wake Island
BL=Bolivia	ET=Ethiopia	IV=Cote D'Ivoire	MW=Montenegro	SM=San Marino	WS=Western Somoa
BM=Burma	EU=Europa Island	IZ=Iraq	MX=Mexico	SN=Singapore	WZ=Swaziland
BN=Benin	EZ=Czech Republic	JA=Japan	MY=Malaysia	SO=Somalia	YM=Yemen
BO=Belarus	FG=French Guiana	JE=Jersey	MZ=Mozambique	SP=Spain	ZA=Zambia
BP=Soloman Islands	FI=Finland	JM=Jamaica	NC=New Caledonia	SR=Serbia	ZI=Zimbabwe
BQ=Navassa Island	FJ=Fiji	JN=Jan Maye	NE=Niue	ST=St. Lucia	
BR=Brazil	FK=Falkland (Islas	JO=Jordan	NF=Norfolk Island	SU=Sudan	
BS=Bassas Da India	FM=Federated States of	JQ=Johnston Atoll	NG=Niger	SV=Svalbard	
BT=Bhutan	FO=Faroe Island	JU=Juan De Nova	NH=Vanuatu	SW=Sweden	
BU=Bulgaria	FP=French Polynesia	KE=Kenya	NI=Nigeria	SX=South Georgia And	The South Sandwich
BV=Bouvet Island	FQ=Baker Island	KN=Korea,	NL=Netherlands	SY=Syria	
BX=Brunei	FR=France	KQ=Kingman Reef	NO=Norway	SZ=Switzerland	
BY=Burundi	FS=French Southern and	KR=Kiribati	NP=Nepal	TC=United Arab Emirates	
CA=Canada	GA=Gambia	KS=Korea, Republic	NR=Nauru	TD=Trinidad And Tobago	
CB=Cambodia	GB=Gabon	KT=Christmas Island	NS=Suriname	TE=Timolin Island	
CD=Chad	GG=Georgia	KU=Kuwait	NT=Netherlands	TH=Thailand	
CE=Sri Lanka	GH=Ghana	KZ=Kazakhstan	NU=Nicaragua	TI=Tajikistan	
CF=Congo	GI=Gibraltar	LA=Laos	NZ=New Zealand	TK=Turks And Caicos Islands	
CG=Zaire	GJ=Grenada	LE=Lebanon	PA=Paraguay	TL=Tokelau	
CH=China	GK=Guernsey	LG=Latvia	PC=Pitcairn Islands	TN=Tonga	
CI=Chile	GL=Greenland	LH=Lithuania	PE=Peru	TO=Togo	

CLIENT FACE SHEET CODE AND TABLE INFORMATION

COUNTY CODES			STATE CODES			CONTACT TYPE
1 Alameda	17 Lake	34 Sacramento	AL = Alabama	LA = Louisiana	OK = Oklahoma	Child Enrolled in FSP
2 Alpine	18 Lassen	35 San Benito	AK = Alaska	ME = Maine	OR = Oregon	Conservator
3 Amador	19 Los Angeles	36 San Bernardino	AZ = Arizona	MD = Maryland	PA = Pennsylvania	DPSS Case Worker
65 Berkeley City	20 Madera	37 San Diego	AR = Arkansas	MA = Massachusetts	RI = Rhode Island	Emergency Contact
4 Butte	21 Marin	38 San Francisco	CA = California	MI = Michigan	SC = South Carolina	Employer
5 Calaveras	22 Mariposa	39 San Joaquin	CO = Colorado	MN = Minnesota	SD = South Dakota	Family
6 Colusa	23 Mendocino	40 San Luis Obispo	CT = Connecticut	MS = Mississippi	TN = Tennessee	Friend
7 Contra Costa	24 Merced	41 San Mateo	DE = Delaware	MO = Missouri	TX = Texas	Initial
8 Del Norte	25 Modoc	42 Santa Barbara	DC = District of Columbia	MT = Montana	UT = Utah	Other
9 El dorado	26 Mono	43 Santa Clara	FL = Florida	NE = Nebraska	VT = Vermont	Parent
10 Fresno	27 Monterey	44 Santa Cruz	GA = Georgia	NV = Nevada	VA = Virginia	Parole Officer
11 Glenn	28 Napa	45 Shasta	HI = Hawaii	NH = New Hampshire	WA = Washington	Physician
12 Humboldt	29 Nevada	46 Sierra	ID = Idaho	NJ = New Jersey	WV = West Virginia	Probation
12 Imperial	30 Orange	47 Siskiyou	IL = Illinois	NM = New Mexico	WI = Wisconsin	Psychiatrist
14 Inyo	31 Placer	48 Solano	IN = Indiana	NY = New York	WY = Wyoming	Referral Person
15 Kern	32 Plumas	49 Sonoma	IA = Iowa	NC = North Carolina	UN = Unknown State	School
16 Kings	33 Riverside	50 Stanislaus	KS = Kansas	ND = North Dakota		Teacher
			KY = Kentucky	OH = Ohio		Unknown
EDUCATION LEVEL - HIGHEST GRADE COMPLETED						
01 First grade	07 Seventh grade	13 Freshman college level	FC - Full time competitive employment (salaried)	IMH - Homemaker	1 - Department of Children's Services: Dependent and/or under supervision of DCS (including Family Preservation)	5 - School District: SEP eligible
02 Second grade	08 Eighth grade	14 Sophomore college level (No degree)	PC - Part-time competitive employment (salaried)	ST - Student	2 - Department of Probation: Ward	6 - School District: SED and IEP (Not SEP)
03 Third grade	09 Ninth grade	15 Junior college level (No degree)	FN - Full-time noncompetitive employment (sheltered workshop)	UE - Unemployed	3 - Department of Children's Services: Dependent and/or under DCS Supervision; and	7 - None
04 Fourth grade	10 Tenth grade	16 Senior college level (No degree)	PN - Part-time noncompetitive employment (sheltered workshop)	RT - Retired	School District: SEP eligible	
05 Fifth grade	11 Eleventh grade	17 Associate of Arts degree	CW - CalWORKs (Welfare to Work)	OT - Other	4 - Department of Probation: Ward;	
06 Sixth grade	12 Twelfth grade	18 Bachelor of Arts degree	GW - GROW (General Relief Opportunity for Work (Welfare to Work)	UN - Unknown	School District: SEP eligible	

CLIENT FACE SHEET CODE AND TABLE INFORMATION

LEVEL OF CARE		CONSERVATORSHIP		LIVING ARRANGEMENT			
LEVEL I STABLE/Maintenance	Includes clients with a mental health problem that is neither acute nor serious and persistent or which is unclear.	A - Temporary Conservatorship (W & I Code, section 5353)	G - Juvenile court, Dependent of the Court (W & I Code, Section 300)	01 Lives alone in house or apartment	07 Small community residential facility (long term, short term, onsite, offsite) of 6 or less	13 Group quarters; e.g., Dorm, Barracks, Migrant Camp, YMCA etc.	19 Other - Lives with non-relative friend in other formal residence, hotel temporary accommodations, etc.
LEVEL II Brief	Includes clients with an acute disorder, which responds to a relatively brief clinical intervention without the need for intensive rehabilitation services.	B - Lanterman-Petris-Short (W & I Code Section 5358)	H - Juvenile Court, Ward - Status Offender (W & I Code, Section 601)	02 Lives with immediate family-spouse, parents, and/or children	08 Large community residential facility of 7 or more	14 No identifiable residence - Alone. A street person	20 Other - Lives with non-relative unmarried partner in other formal residence, hotel temporary accommodations, etc.
LEVEL III Intensive	Includes clients with serious and persistent mental illness who need rehabilitative services, especially case management to achieve the desire level of functioning. Also included are clients experiencing their first acute episode of severe mental illness.	C - Murphy (W & I Code, Section 5008)	I - Juvenile Court, Ward - Juvenile Offender (W & I Code, Section 602)	03 Lives with extended family; i.e., relatives	09 Skilled nursing home/Intermediate Care (SNF/ICF)	15 No identifiable residence - Lives with relative (street person, has no residence in shelter)	21 Supervised independent living (adult) - Alone
LEVEL IV Identified ISR	Includes clients who meet the criteria for Intensive Service Recipients (i.e., individuals that have been hospitalized six or more times during a rolling twelve-month period).	D - Probate (Probate Code, Division 4, Section 1400)	J - Not Applicable	04 Lives with friend but not unmarried partner	10 Community hospital or psychiatric health facility (Acute hospital or non-hospital acute)	16 No identifiable residence - lives with non-relatives, friends, or unmarried partner	22 Supervised independent living (adult) - Lives with friend(s)
LEVEL V Enrolled ISR	Would include all clients who are ISRs and have been enrolled in an ISR program.	E - PC 2974 (Penal Code, Section 2974)	U - Unknown, Not Reported	05 Lives with unmarried partner	11 State Hospital	17 Other - Alone in other formal residence, hotel temporary accommodations, etc.	99 Unknown - Living arrangement is not known
1 - Extreme Risk 2 - High Risk/Not Engaged 3 - High Risk/Engaged 4 - Poorly Coping/Not Engaged	5 - Poorly Coping/Engaged 6 - Coping/Rehabilitating 7 - Early Recovery 8 - Advanced Recovery	F - Representative Payee Without Conservatorship (W & I Code, Section 5686)		06 Lives with foster family (children' code)	12 Justice related facility; e.g., Juvenile Hall, Community correctional Facility, CYA Home, Jail Inpatient	18 Other - Lives with relative in other formal residence, hotel temporary accommodations, etc.	

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

CONFIDENTIAL CLIENT INFORMATION SEE CALIFORNIA WELFARE AND INSTITUTION CODE 5328



Open Outpatient Episode

Outpatient		CLIENT I.D.#	
Last Name:			
First Name:		Middle:	
Admit Date:			
Other Factors:	Physical? Yes <input type="checkbox"/> No <input type="checkbox"/>	DD? Yes <input type="checkbox"/> No <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>
Intent of Service:	<input type="checkbox"/> Assessment	<input type="checkbox"/> Improvement	<input type="checkbox"/> Maintenance
Primary Problem Area:			
Referral In Code:		Legal Status:	
Referral In Reporting Unit:			
Treatment Authorization for Minor:			
Patient File #:			
Primary Contact:			
Service Plan Due Date:			
Coord Due Date			

DIAGNOSIS

AXIS I	AXIS II	AXIS III	AXIS IV	AXIS V
			<input type="checkbox"/> 1. Primary Support Group	GAF/CGAS
			<input type="checkbox"/> 2. Social Environment	
			<input type="checkbox"/> 3. Educational	
			<input type="checkbox"/> 4. Occupational	
			<input type="checkbox"/> 5. Housing	
			<input type="checkbox"/> 6. Economic	
			<input type="checkbox"/> 7. Access to Health Care	
			<input type="checkbox"/> 8. Interaction with Legal System	
Primary:			<input type="checkbox"/> 9. Other Psychological/Environmental	
Secondary:			<input type="checkbox"/> 10. Inadequate Information	

Provider Name: _____

Provider Number: _____

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

CONFIDENTIAL CLIENT INFORMATION SEE CALIFORNIA WELFARE AND INSTITUTION CODE 5328



Close Outpatient Episode

Outpatient		CLIENT I.D.#	
Last Name:			
First Name:		Middle:	
Discharge Date:			
Referral Out Code:			
Referral Out Provider:			
Legal Status:			

DIAGNOSIS

AXIS I	AXIS II	AXIS III	AXIS IV	AXIS V
			<input type="checkbox"/> 1. Primary Support Group	GAF/CGAS
			<input type="checkbox"/> 2. Social Environment	
			<input type="checkbox"/> 3. Educational	
			<input type="checkbox"/> 4. Occupational	
			<input type="checkbox"/> 5. Housing	
			<input type="checkbox"/> 6. Economic	
			<input type="checkbox"/> 7. Access to Health Care	
			<input type="checkbox"/> 8. Interaction with Legal System	
Primary:			<input type="checkbox"/> 9. Other Psychological/Environmental	
Secondary:			<input type="checkbox"/> 10. Inadequate Information	

Provider Name: _____

Provider Number: _____

PLACE OF BIRTH

The field consists of three separate subfields: Birth County, Birth State, Birth Country. All subfields must be completed.

CLIENT BORN IN CALIFORNIA

If county of birth is known, enter the two digit county code listed in the Valid California Codes section for the Birth County, 'CA' for the Birth State, and 'US' for the Birth Country.

If county of birth is not known, enter '99' for Birth County, 'CA' for the Birth State, and 'US' for the Birth Country.

CLIENT BORN OUTSIDE CALIFORNIA BUT INSIDE UNITED STATES

If state of birth is known, enter '00' for the Birth County, the two character alphabetic code listed in the Valid State Codes section (which is the U.S. Postal code for states) for the Birth State, and 'US' for the Birth Country.

If state of birth is not known, enter '00' for the Birth County, 'UN' for the Birth State, and 'US' for the Birth Country.

CLIENT BORN OUTSIDE UNITED STATES

If the country of birth is unknown, enter '00' for the Birth County, '00' for the Birth State, and '99' for the Birth Country.

If the country of birth is known but not listed, enter '00' for the Birth County, '00' for the Birth State, and '00' for the Birth Country.

Integrated System Codes Manual

POINT OF ORIGIN FOR ADMISSION

<u>Code</u>	<u>Description</u>
1	Non-Health Care Facility Point of Origin
2	Clinic or Physician's Office
4	Transfer from a Hospital
5	Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)
6	Transfer from another Health Care Facility
8	Court/Law Enforcement
9	Information not Available
D	Transfer from one district unit of the hospital to another district unit of the same hospital resulting in a separate claim to the payer
E	Transfer from Ambulatory Surgery Center
F	Transfer from Hospice and is Under a Hospice plan of care or enrolled in a Hospice program

PRIMARY PROMBLEM AREA

<u>Code</u>	<u>Description</u>
0	Inadequate information
1	Mentally ill, disabled
2	Developmentally disabled
3	Alcoholism
4	Drug Abuse
5	Mentally disordered offender
6	Dual Diagnosis – Mentally Ill and/or Drug Abuse, Alcoholism
7	Problems accessing health care
8	Problems with legal system/crime
9	Other psychosocial problems

REFERRAL IN CODES

County Mental Health Facilities

INPATIENT/RESIDENTIAL (Revised June 2006)

<u>Code</u>	<u>Description</u>
10	State Hospital (LPS Program)
12	County operated Inpatient
13	County contracted Inpatient
20	Psychiatric Diversion Program (PDP)
25	County operated Residential
27	County contracted Residential

OUTPATIENT

<u>Code</u>	<u>Description</u>
*11	Project ABC
15	State operated
16	County operated
17	County contracted
19	Tri-Cities Programs
74	FFS Network Provider
76	Linkage Agency

PARTIAL DAY CARE

<u>Code</u>	<u>Description</u>
21	County operated
22	County contracted
24	Tri-Cities Programs

OTHER

<u>Code</u>	<u>Description</u>
26	Case Management
28	Community Outreach

** This code is only applicable to Project ABC providers.*

REFERRAL IN CODES (con't.)

Auxiliary and Generic 24-hour Health Services, non-County

<u>Code</u>	<u>Description</u>
59	Board and care, nursing, or convalescent home
60	Non-psychiatric service of private general hospital
61	Non-psychiatric service of general hospital
62	Non-psychiatric service of military, veterans' hospital
63	Drug/alcohol abuse detoxification facility or recovery home

OUTPATIENT/PARTIAL DAY (non-County)

<u>Code</u>	<u>Description</u>
50	Regional screening center for developmental disabilities
51	Other agency serving the developmentally disabled
52	Drug/alcohol outpatient clinic, partial day detoxification program, outreach program
65	Private physician or medical clinic
66	County health services medical clinic
69	Other medical outpatient service

Social Agencies (non-County)

<u>Code</u>	<u>Description</u>
64	County Department of Children's Services
67	County Department of Public Social Services
68	County Department of Probation
70	Courts
71	Jail, Correctional Institution (except Probation Department)
72	School/College
73	Vocational Rehabilitation Department
75	Cal Works
80	Police/Sheriff
81	Attorney, Legal Aid
82	Public Defender
83	Employment Service
84	Public Guardian
85	Religious Organization, Clergy
86	Information and Referral Agency
87	Other Social Agency

Integrated System Codes Manual

LEGAL STATUS (con't.)

<u>Code</u>	<u>Description</u>
5359.0	Alternative placement for conservatee. (W & I)
5361.0	Termination and reappointment of conservator. (W & I)
5366.1	Detention for 72-hr evaluation pursuant to 5150 detention for 180 days evaluation and pursuant to 6000 to 6019. (W & I)
5585.5	72-hr involuntary commitment of minors for eval and treatment of dangerous MDs who refuse voluntary treatment. (W5585.5)
6000.0	VOLUNTARY admission of MD. (W & I)
6316.0	MDSO treatment and observation. (W & I)
6316.1	MDSO maximum confinement equal maximum prison term possible for the felony or misdemeanor. (W & I)
6316.2	MDSO return to court. Confinement longer than 6316.1. (W & I)
6316.3	Court ordered transfer of MDSO between State and County. (W & I)
6325.0	Certification as to recovery (or not) of MDSO on outpatient status. Return to court. (W & I)
6325.1	MDSO temporary State Hospital admission. (W & I)
6325.8	Recovery of 6325. (W & I 6325.a)
6325.9	Still a danger of 6325. (W & I 6325.b)
6327.0	Court ordered hearing. Disposition of MDSO under treatment. Return to court or recommitment to treatment. (W & I)
6500.0	Dangerous MR committed by court. (W & I)
6500.1	Same as 6500.0 and renumbered as such in 1978. (W & I)

Integrated System Codes Manual

LEGAL STATUS (con't.)

<u>Code</u>	<u>Description</u>
6506.0	Court ordered hold pending hearing on custody, care and treatment funding pursuant to 6503. (W & I)
6509.0	Court ordered commitment of MR dangerous to self and others. May be non-resident pursuant to 4461. (W & I)
6551.0	Juvenile Court 72-hr observation to determine MD or MR and certification for 14 days treatment of mental disorder. (W & I)
6552.0	Juvenile ward of court voluntary application for mental health services. (W & I)
7226.0	MDO military personnel admission to State Hospital. (W & I)
7302.0	State Hospital transfer. (W & I)
7325.0	Apprehended judicially committed escapees. (W & I)
7329.0	Arrest of non-California resident escapees. (W & I)
7361.0	Unrecovered judicially committed patient court ordered discharge from State Hospital. (W & I)
7362.0	Patient discharged by State Hospital. Not a proper case for treatment, or is DD or chronic harmless MD. May or may not be judicially committed. (W & I)
7375.0	Temporary admission of PC 1026. (W & I 7573.0)
7375.3	Admission pending parole relocation. (W & I 7573.f.3)
7375.4	Admission pending parole relocation. (W & I 7573.f.4)
7375.9	Temporary admission of PC 1026, NGI (not guilty by reason of insanity) adult. (W & I TANGI)
999.9	Unknown.

