

LAC-DMH EMERGENCY SERVICES BUREAU

PMRT PROGRAM

5150/5585 DATA REPORTING LOG

FACILITY NAME	UNIQUE CLIENT#	TIME OF HOLD	DATE OF BIRTH	GENDER	CITY OF RESIDENCE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			<input type="checkbox"/> Unable to ascertain		<input type="checkbox"/> City unable to ascertain

ETHNICITY	LANGUAGE	SPECIAL NEEDS	72-HR HOLD CRITERIA	EVALUATOR NAME
<input type="checkbox"/> White <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Asian-Pacific Islander <input type="checkbox"/> Filipino <input type="checkbox"/> OTHER ETHNICITY <input type="text"/>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Tagalogo <input type="checkbox"/> Vietnamese <input type="checkbox"/> Armenian <input type="checkbox"/> OTHER LANGUAGE <input type="text"/>	<input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Physically Challenged <input type="checkbox"/> Homeless <input type="checkbox"/> Substance Abuse <input type="checkbox"/> * Prev.Dx <input type="checkbox"/> * Use @time of hold <input type="checkbox"/> * Client Report <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Danger To Self <input type="checkbox"/> Danger To Others <input type="checkbox"/> Gravely Disabled <input type="checkbox"/> PRIM LINK PROG (SFPR) <input type="text"/> <input type="checkbox"/> Not Appl	<input type="text"/> <input type="checkbox"/> PRIOR PSYCH HOSPITALIZATION <input type="checkbox"/> Within last 30 days <input type="checkbox"/> No prior psych hosp <input type="checkbox"/> OTHER TIMEFRAME <input type="text"/> <input type="checkbox"/> SFPR CONTACTED <input type="text"/>

SITE OF HOLD	SOURCE OF EVAL REQ	TRANSPORT TO DES. FAC.	EVALUATOR POSITION
<input type="checkbox"/> ER-General Acute Care Hospital <input type="checkbox"/> ER-Psychiatric Freestanding Facility <input type="checkbox"/> LPS-Designated Facility Intake Office <input type="checkbox"/> Med- Surg Inpt Unit <input type="checkbox"/> Psych Inpt-Unit LPS-designated <input type="checkbox"/> Psych Inpt-Unit Non-LPS designated <input type="checkbox"/> Private Practitioner's Office <input type="checkbox"/> Board and Care <input type="checkbox"/> Foster-Group Home <input type="checkbox"/> SNF-IMD-Convalescent Home <input type="checkbox"/> Psych Outpt Clinic-County Contract <input type="checkbox"/> Psych Outpt Clinic-Private <input type="checkbox"/> Medical Outpatient Office-Clinic <input type="checkbox"/> Private Residence <input type="checkbox"/> Hotel <input type="checkbox"/> Shelter <input type="checkbox"/> Public Street-Park-Buiding-Business <input type="checkbox"/> OTHER SITE HOLD <input type="text"/>	<input type="checkbox"/> Patient <input type="checkbox"/> Family/Friend <input type="checkbox"/> Landlord <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Private Mental Health Professional <input type="checkbox"/> Telephone Hotline <input type="checkbox"/> Staff at Evaluation Site <input type="checkbox"/> DCS <input type="checkbox"/> APS <input type="checkbox"/> Child Crisis Resp Team <input type="checkbox"/> Board + Care <input type="checkbox"/> Foster-Grp Home <input type="checkbox"/> SNF-IMD-Convalescent Hm <input type="checkbox"/> Psych Outpt Clin-County-Contract <input type="checkbox"/> Psych Outpt Clinic-Priv <input type="checkbox"/> OTHER SOURCE OF EVAL REQ <input type="text"/>	<input type="checkbox"/> Ambulance <input type="checkbox"/> Facility Vehicle <input type="checkbox"/> Police Vehicle <input type="checkbox"/> None <input type="checkbox"/> OTHER TRANSPORT <input type="text"/>	<input type="checkbox"/> Attending Staff <input type="checkbox"/> Law Enforce <input type="checkbox"/> County/Contract Agency <input type="checkbox"/> County PMRT <input type="checkbox"/> Child Crisis Resp Te <input type="checkbox"/> Met/Smart <input type="checkbox"/> OTHER EVALUATO <input type="text"/>

EVALUATOR CREDENTIAL	ADMISSION PAYOR	HOW WAS THE ATTENDING STAFF MEMBER PAID FOR THE EVALUATION?	OPERATOR INIT
<input type="checkbox"/> MD/DO <input type="checkbox"/> Ph.D <input type="checkbox"/> LCW <input type="checkbox"/> RN <input type="checkbox"/> MFT <input type="checkbox"/> LPT <input type="checkbox"/> Law Enforc <input type="checkbox"/> OTHER CREDENTIAL <input type="text"/>	<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Medi-Medi <input type="checkbox"/> Private Pay <input type="checkbox"/> Insurance Payor <input type="checkbox"/> HMO-PPO-Contract <input type="checkbox"/> Unfunded <input type="checkbox"/> OTHER PAYOR <input type="text"/>	<input type="checkbox"/> Salary/Employee Wage <input type="checkbox"/> Independent Contract <input type="checkbox"/> Contract with Third Party <input type="checkbox"/> Private Pay/Insurance <input type="checkbox"/> Not Paid	<input type="text"/>