



<b>Organization Name:</b>		<b>Program Name:</b>	
<b>Individual's Name</b> (First / MI / Last):		<b>Record #:</b>	<b>DOB:</b>
<b>Admission Date:</b>		<b>Service Plan Due:</b>	
<b>Admission Criteria:</b>			
<b>18 years of age or older:</b>		No <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>Serious Mental Illness (MI):</b>		No <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>Functional deficit due to MI:</b>		No <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>Admission Decision:</b> <input type="checkbox"/> Admit <input type="checkbox"/> Do not Admit			
<b>If not admitting:</b>			
<b>Reason:</b>			
<b>Referrals:</b>			
<b>Reason for admission and Primary Service Related Needs-</b> Individual will benefit from:			
<input type="checkbox"/> Community Rehabilitation and Support Services for the purpose of:			
<input type="checkbox"/> Intensive Rehabilitation or Ongoing Rehabilitation and Support Services for the purpose of:			
<input type="checkbox"/> Clinical Treatment Services for the purpose of:			
Diagnosis: <input type="checkbox"/> DSM Codes <input type="checkbox"/> ICD Codes			
Check Primary	Axis	Code	Narrative Description
<input type="checkbox"/>	Axis I		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>	Axis II		
<input type="checkbox"/>			
	Axis III		
	Axis IV		
	Current GAF:		Highest GAF in Past Year (if known):

