



REGISTRATION

CLIENT KEY (BLANK FOR NEW CLIENT)		PERSONAL HEALTH NUMBER		BIRTHDATE (YYYY / MM / DD)		GENDER M <input type="checkbox"/> MALE F <input type="checkbox"/> FEMALE	
FAMILY NAME			FIRST NAME		SECOND NAME		
PHARMACARE <input type="checkbox"/> Y <input type="checkbox"/> N	EXPIRATORY DATE YYYY MM DD	ALIAS (IF KNOWN) FAMILY NAME		FIRST NAME		SECOND NAME	

CLIENT ADDITIONAL DETAILS (CHECK PAGE 2 FOR CODE VALUES AND INSERT CODE)

EDUCATIONAL LEVEL (CODE)	ABORIGINAL ORIGIN (MANDATORY FOR MCFD) <input type="checkbox"/> YES <input type="checkbox"/> NO	PREFERRED LANGUAGE	READ ENGLISH <input type="checkbox"/> YES <input type="checkbox"/> NO	SPEAK ENGLISH <input type="checkbox"/> YES <input type="checkbox"/> NO	ADMISSION POSTAL CODE (CAPTURED IF DIFFERENT THAN HOME POSTAL CODE)
ALLERGY INFORMATION					
PHYSICAL HARM RISK FACTORS (MULTIPLE SELECTIONS ALLOWED - ENTER CODES)					

CARE EPISODE INFORMATION (CHECK PAGE 2 FOR CODE VALUES AND INSERT CODE)

LOCATION CODE	DATE OF FIRST CONTACT YYYY MM DD	CASE MANAGER/THERAPIST CODE	SET CAUTION ALERT AT REGISTRATION A <input type="checkbox"/> ACTIVE I <input type="checkbox"/> INACTIVE <input type="checkbox"/> DO NOT SET		
EMPLOYMENT STATUS (CODE)	VOCATIONAL STATUS (CODE)	GUARDIANSHIP/ CUSTODY (CODE)	LEGAL STATUS (CODE)	MARITAL STATUS (CODE)	HOUSEHOLD COMPOSITION (CODE)
REFERRAL SOURCE (CODE)	REFERRAL DATE YYYY MM DD	RESIDENTIAL ARRANGEMENT AT ADMISSION(CODE)			
PRESENTING PROBLEMS (MULTIPLE SELECTIONS ALLOWED - ENTER CODES)					
CARE EPISODE AGENCY (MULTIPLE SELECTIONS ALLOWED - ENTER CODES)					

DSM CLASSIFICATION

AXIS I CLINICAL DISORDERS			AXIS II PERSONALITY DISORDERS / MENTAL RETARDATION		
AXIS III GENERAL MEDICAL CONDITIONS			AXIS IV PSYCHOSOCIAL AND ENVIRONMENTAL PROBLEMS		
AXIS V GAF SCORE AT ADMISSION					

Note: Client Contact Information (eg. phone number, email address, address of physician, relative, guardian, etc.) and Medication Information should be entered into CPIM Case Notes.

DATE (YYYY/MM/DD)	DATA ENTRY INITIAL
-------------------	--------------------

TERMINATION (CHECK PAGE 2 FOR CODE VALUES AND INSERT CODE)

DATE OF LAST CONTACT YYYY MM DD	SET CAUTION ALERT AT TERMINATION TO A <input type="checkbox"/> ACTIVE I <input type="checkbox"/> INACTIVE <input type="checkbox"/> DO NOT CHANGE				
AXIS I CLINICAL DISORDERS			AXIS II PERSONALITY DISORDERS / MENTAL RETARDATION		
AXIS III GENERAL MEDICAL CONDITIONS			AXIS IV PSYCHOSOCIAL AND ENVIRONMENTAL PROBLEMS		
AXIS V GAF SCORE AT DISCHARGE					

REFERRAL TARGET (CODE)	DISCONTINUATION STATUS (CODE)	RESIDENTIAL ARRANGEMENT AT DISCHARGE (CODE)
------------------------	-------------------------------	---

DATE (YYYY/MM/DD)	DATA ENTRY INITIAL
-------------------	--------------------

CODE REFERENCE TABLES FOR CPIM REGISTRATION AND TERMINATION FORM (HLTH 3579)

CLIENT ADDITIONAL DETAILS

Education Level

1. No formal education
2. Pre-school/kindergarten
3. Elementary
4. High School
5. Post Secondary
98. Unknown

Physical Harm Risk Factors

1. Substance abuse
2. Self harm potential
3. Potential danger to others
4. Self neglect
5. History of weapons
6. History of trauma
96. None
98. Unknown

TERMINATION INFORMATION

Referral Target

Same codes as Referral Source

Discontinuation Status

1. Transferred
2. Administratively discontinued
3. Terminated against advice
4. Lost to contact
5. Discharge treatment complete/
no referral
6. Discharged additional services
advised and no referral
7. Discharged and referral
8. Client death
99. N/A

Residential Arrangement at Discharge

Same codes as Residential
Arrangement at Admission

CARE EPISODE INFORMATION

Employment Status

1. Full time
2. Part time
3. Unemployed
4. Not in Labour Force
99. N/A

Vocational Status

1. Alternate program
2. Special needs
3. Elementary school
4. High school
5. Day program
6. College/University
99. N/A

Guardianship/Custody

1. Parents
2. Relative
3. Non-relative
4. Public Trustee Office
5. In Care under the CF-CS Act
96. None
99. N/A

Legal Status

1. Criminal - in custody
2. Criminal - not in custody
3. Forensic - in custody
4. Forensic - not in custody
5. Mental Health Act - involuntary
6. Mental Health Act - voluntary
7. Mental Health Act - extended leave
8. Child, Family and Community
Services Act - in care
9. Child, Family and Community
Services Act - not in care
99. N/A

Marital Status

1. Married or Common Law
2. Separated
3. Divorced
4. Widowed
5. Never married
98. Unknown

Household Composition

1. Lives alone
2. Lives with family
3. Lives with other relatives
- not spouse or children
4. Lives with non-related person
97. Other

Referral Source / Target

1. Self (code valid for **Source** only)
2. Physician/Psychiatrist
3. Family/Relative
4. Social Services
5. Community MH/Addictions Centre
6. Psych. Unit/Gen. Hospital
7. Corrections/court
8. Educational institution
9. Residential Facility
10. Police
11. Psychiatric Hospital
12. Addictions/Mental Health Agency
13. Parent
14. Guardian
15. Community agency
16. MCFD referral
97. Other
99. N/A (code valid for **Target** only)

Residential Arrangement at Admission

1. Private house or apartment
2. Rented room
3. Board and Care
4. Community living support
group home/group home
5. Mental Health psychiatric setting
6. Nursing home/home for the
aged/retirement home
7. Homeless
8. Correctional facility
97. Other

Presenting Problems

1. Marital/family
2. Social/interpersonal
3. Alcohol/drug abuse
4. Abuse / Assault / Rape Victim
5. Medical somatic problems
6. Attempt/threat/danger of suicide
7. Involved with criminal justice system
8. Eating disorder
9. Psychiatric symptoms
10. Runaway behaviour
11. Self reported health status
12. Sexual orientation issues
13. Head injury
20. Medication only

Care Episode Agency

1. Mental handicap support team
2. Community support agency
3. Education institution
4. Child welfare service
5. Social services
6. Police
7. Courts
8. Juvenile justice/corrections
9. Public/school health
10. Rehab
96. None