Santa Clara Valley Health & Hospital System
Behaviorial Health Department, Mental Health Division
(For Contractor Use Only)

AOA and F&C
CLIENT COST CENTER DISCHARGE FORM

1. Client Name: _____ 2. Client ID No.: _____
Last First MI Suffix

3. Client Address at Closing: _____

4. Cost Center Name/Location: _____

Discharge Date: _____

Discharge Provider: _____ ☐ Discharge Coding Form Completed and Attached.

☐ NO CHANGE of Diagnoses at Closing ☐ CHANGE of Diagnoses at Closing

Legal Status: ☐ W6000 Voluntary ☐ W5355 Perm. Conserv. ☐ W5350 Temp. Conserv. ☐ W5150 72. Hr. Hold ☐ Other: _____

ICD-10 Code:	DSM 5 Diagnosis:	Rank (1-10)
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General Medical Conditions (Check Up to Three):

- ☐ 01 = Arterial Sclerotic Disease
- ☐ 04 = Hyperlipidemia
- ☐ 07 = Cystic Fibrosis
- ☐ 10 = Ulcers
- ☐ 13 = Infertility
- ☐ 16 = Anemia
- ☐ 19 = Arthritis
- ☐ 22 = Cancer
- ☐ 25 = Deaf/Hearing Impaired
- ☐ 28 = Multiple Sclerosis
- ☐ 31 = Physical Disability
- ☐ 34 = Ear Infections
- ☐ 37 = Other
- ☐ 02 = Heart Disease
- ☐ 05 = Hypertension
- ☐ 08 = Psoriasis
- ☐ 11 = Cirrhosis
- ☐ 14 = Hyperthyroid
- ☐ 17 = Allergies
- ☐ 20 = Carpal Tunnel Syndrome
- ☐ 23 = Blind/Visually Impaired
- ☐ 26 = Epilepsy/Seizures
- ☐ 29 = Muscular Dystrophy
- ☐ 32 = Stroke
- ☐ 35 = Asthma
- ☐ 99 = Unknown/Not Reported General Medical Condition
- ☐ 03 = Hypercholesterolemia
- ☐ 06 = Birth Defects
- ☐ 09 = Digestive Disorders (Reflux, IBS)
- ☐ 12 = Diabetes
- ☐ 15 = Obesity
- ☐ 18 = Hepatitis
- ☐ 21 = Osteoporosis
- ☐ 24 = Chronic Pain
- ☐ 27 = Migraines
- ☐ 30 = Parkinson's Disease
- ☐ 33 = Tinnitus
- ☐ 36 = Sexually Transmitted Disease (STD)
- ☐ 00 = No General Medical Condition

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Check Categories at Discharge:

Caregiver (Indicate #Persons): _____ Under 18 _____ Over 18 _____ None _____ Unknown

Living Arrangement (Check One):

- ☐ 100 = House/Apartment
- ☐ 101 = House/Apt. Some Support
- ☐ 102 = House/Apt. Daily Support
- ☐ 103 = Supported Housing
- ☐ 104 = Foster Family Home
- ☐ 105 = Group Home
- ☐ 106 = Residential Treatment Center
- ☐ 107 = Community Treatment Facility
- ☐ 108 = Board and Care
- ☐ 109 = Adult Residential Facility
- ☐ 110 = M.H. Rehab Center
- ☐ 111 = SNF/ICF
- ☐ 112 = IP Psych Hospital/PHF/VA
- ☐ 113 = State Hospital
- ☐ 114 = Justice Related
- ☐ 115 = Homeless
- ☐ 116 = IMD
- ☐ 117 = Jail
- ☐ 118 = Residential Tx Ct., Adolesc.
- ☐ 119 = Children's Shelter
- ☐ 120 = Homeless Shelter
- ☐ 998 = Other
- ☐ 999 = Unknown
- ☐ 666 = THU

Living Arrangement Type (Check One):

- ☐ 100 = Board & Care
- ☐ 101 = Community Living
- ☐ 102 = Community Residential Treatment
- ☐ 103 = Hospital/Skilled-Nursing Facility
- ☐ 104 = Non-Mental Health Program
- ☐ 105 = Own Home or Living w/ Relatives
- ☐ 200 = Rent
- ☐ 666 = Transitional Housing
- ☐ 998 = Other
- ☐ 999 = Unknown

Employment Status:

- ☐ 100 = Full-Time › 35 Hours
- ☐ 101 = Part-Time ‹ 35 Hours
- ☐ 102 = Part-Time 20-35 Hours
- ☐ 103 = Homemaker, Seeking Work
- ☐ 104 = Homemaker, Not Seeking
- ☐ 105 = Disab/Unempl/Not Seeking
- ☐ 106 = Employed/Student/Part-Time
- ☐ 107 = Full-Time Student/Not Seeking
- ☐ 108 = Part-Time Student/Not Seeking
- ☐ 109 = Full-Time Homemaker
- ☐ 110 = Rehab Work › 35 Hours
- ☐ 111 = Rehab Work ‹ 20 Hours
- ☐ 112 = Rehab Work 20-35 Hours
- ☐ 113 = Job Train Full-Time
- ☐ 114 = Part-Time School/Job Training
- ☐ 115 = Volunteer Work
- ☐ 116 = Unemployed, Seek 30 Days
- ☐ 117 = Retired
- ☐ 118 = Unemployed, Not Seeking
- ☐ 119 = Not in Labor Force
- ☐ 120 = Resident/Inmate
- ☐ 121 = School, Full-Time
- ☐ 122 = Part-Time Training
- ☐ 998 = Other

Education: List # of Years in School: _____

- ☐ 100 = None, Kindergarten
- ☐ 101 = Elementary
- ☐ 102 = Middle School
- ☐ 104 = High School
- ☐ 105 = Vocational Training
- ☐ 106 = GED
- ☐ 107 = College
- ☐ 108 = Associate Degree
- ☐ 109 = Bachelor Degree
- ☐ 110 = Master Degree
- ☐ 111 = Doctorate Degree
- ☐ 998 = Other
- ☐ 999 = Unknown

Diagnosis Verified by:

_____	_____	_____
LPHA (Type/Print)	LPHA (Signature)	Date
_____	_____	_____
Form Completed By (Type/Print)	Form Completed By (Signature)	Date
_____	_____	_____
Entered By	Date	Time:

Confidential Patient Information
See Welfare and Institution Code Section 5328