

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

AOA and F&C
CLIENT COST CENTER
OPEN/CHANGE FORM

General Medical Conditions (Check Up to Three):

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

Substance Use Disorder: Yes No UNK Trauma: Yes No UNK

Client Informed; Interpretive services available upon request in a language client can read: Yes No

Disposition: _____

Client Informed; Materials available in audio version for those w/ visual limitations or limited reading proficiency:

Yes No Disposition: _____

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