**Annual CSI Update (Required) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Service Information (CSI) Must Be Completed Annually:** (Based on the Client’s Episode Admission date. Refer to CSI Annual Update Legend MHS 111 for numeric coding.)

**Other Update (Ex. Diagnosis change) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

There is an update below. Refer to CSI Annual Update Legend MHS 111 for numeric coding.)

1. Client’s Living Arrangements:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Education:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Employment Status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Conservatorship/Court Status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Caregiver (Number of Children less than 18 years old client is responsible for at least 50% of the time):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| 6. Diagnosis:CURRENT DIAGNOSIS USING DSM-5  List primary mental health diagnosis first. | | | | | |
| ICD-9 Code ICD-10 Code | | | | | |
| |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | **P** | 7. Trauma: | Y  N  Unknown |
| 8. Substance Abuse/Dependence: | Y  N  Unknown/Not Reported |
| |  | | --- | |  | | |  | | --- | |  | |  |  | 9. Diagnosing Practitioner : | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |
|  |  | 10. General Medical Condition Summary Code: | |  |  |  | | --- | --- | --- | |  |  |  | |
| |  | | --- | |  | | |  | | --- | |  | |  |  |
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