Butler Behavioral Health

ADMISSION FORM

Case #

Referral date: **Admit Date:**

☐ Admission ☐ Update
☐ Emergency ☐ Reopen

☐ HCC ☐ OCC ☐ WINGS ☐ NRT
☐ Health Now ☐ MCC ☐ WPA ☐ School Based

Client Name Last First Middle Initial

Preferred Name

Street

Gender ☐ Female ☐ Male

Date of Birth

City **State** **Zip**

Client Social Security #

Parent/Guardian Name and Social Security Number (Minor services)

Emergency contact and number

Home Phone **Mobile Phone** **Reminder call:** ☐ Yes ☐ No

Race
☐ W=White
☐ B=African Am
☐ M=Native Alaskan
☐ N=Native Hawaiian
☐ A=Asian
☐ U=Other

Ethnicity
☐ A=Puerto Rico
☐ B=Mexican
☐ C=Cuban
☐ D=Other Hisp
☐ E=Not Latino

County / Residence
☐ - Butler
☐ - Hamilton
☐ - Clermont
☐ - Warren

Marital Status
☐ Single ☐ Divorced
☐ Married ☐ Widowed

Employment
☐ A. Full Time
☐ B. Part Time
☐ C. Unemployed
☐ D. Homemaker
☐ E. Student
☐ F. Retired
☐ G. Disabled

Income Amount (Monthly)

Income Type
☐ Wages/ Salary ☐ SSI ☐ SSDI
☐ Other:_____

Do you feel like harming yourself or someone else today? ☐ Yes ☐ No

Administrative staff only:

Was MPP Run? ☐ Yes ☐ No

 # TOTAL Persons in Household

Managed Care Plan/ Insurance:

Fee Amount

Income needed: ☐ Yes ☐ No

Emergency Contact Release ☐ Yes ☐ No

 # persons under 18

Medicaid #

☐ Photo ID ☐ Availity ☐ GOSH
☐ Insurance Card ☐ UHC
☐ CGS ☐ Marketplace

Clinical Staff Only:

Referral Name

Referral Code
☐ A. Self
☐ B. AOD Abuse Care Provider
☐ C. MH Provider
☐ D. Dual Providers
☐ E. Other HC Provider
☐ F. School (Education)
☐ G. EAP (Employer)
☐ H. County Human Services
☐ I. State / Federal Court
☐ J. Municipal Court
☐ K. Common Pleas Court
☐ L. Juvenile Court
☐ M. Diversionary
☐ N. Prison
☐ O. Other Criminal Justice
☐ P. Forensic
☐ Q. Other Community Ref

Hospital Referral ☐ Yes ☐ No
☐ 181 - Fort Hamilton
☐ 200 - Summit Behavioral
☐ 210 - The Atrium
☐ 220 - Children's
☐ 230 - Other Hospital Psych

Special Population Group
☐ SP_Mentally Disabled
☐ SP_Alcohol / Drug
☐ SP_Forensic
☐ SP_DD
☐ SP_MI / MRCheck
☐ SP_DUI / DWI
☐ SP_Deaf
☐ SP_Hearing Impaired
☐ SP_Blind
☐ SP_Visually Impaired
☐ SP_Physically
☐ SP_Speech Impairment
☐ SP_Physical Abuse
☐ SP_Sexual Abuse
☐ SP_Domestic Violence
☐ SP_Child Alc / Drug
☐ SP_HIV / AIDS
☐ SP_Suicidal
☐ SP_School Drop Out
☐ SP_Probation / Parole
☐ SP_General Population

Education
☐ 00: Less than Grade 1
_____ Indicate grade if grades 1 - 11
☐ 12: Diploma/ GED
☐ 13: Trade / Technical School
☐ 14: Some College
☐ 15: 2yr College/Asso Degree
☐ 16: 4yr College/Asso
☐ 17: Graduate Courses
☐ 18: Graduate Degree
☐ 19: Post-Graduate Studies
☐ 20: Further Specialized

Education Type
☐ 1. Regular
☐ 2. Severe Behavior Handicap
☐ 3. Learning Disabled
☐ 4. Hearing Impaired
☐ 5. Visually Impaired
☐ 6. Multi Handicapped
☐ 7. Developmentally Disabled
☐ 8. Orthopedically Handicapped
☐ 9. Other

Interpreter
☐ Yes ☐ No
If yes, Type:

Client Specific Notes

Presenting Problem
☐ 00 - Family / Marital
☐ 01 - Sexual / Phys Abuse
☐ 02 - Adjustment
☐ 03 - Social Adjustment
☐ 04 - Depression / Anxiety
☐ 05 - Alcohol / Drug Abuse
☐ 06 - Thought Disorder
☐ 07 - Suicide Attempt
☐ 08 - Other

Living
☐ A. Own Home
☐ B. Friend's Home
☐ C. Relative's Home
☐ D. Supervised Group Living
☐ E. Supervised Apartment
☐ F. Boarding House
☐ G. Crisis Residential
☐ H. Children's Foster Care
☐ I. Adult Foster Care
☐ J. Intermediate Care Facility
☐ K. Skilled Nursing Facility
☐ L. Respite Care
☐ M. MR Intermediate Care Facility
☐ N. Licensed MR Institution
☐ O. State MR Institution
☐ P. State MH Institution
☐ Q. Hospital
☐ R. Correctional Facility
☐ S. Homeless
☐ T. Rest Home
☐ U. Other

Revision Date: January 2014; March 2014, May 2018