

NEW GUEST DATA

STAFF/TITLE#: _____		SERVICE DESCRIPTION (CODE): Date/Time of Admission: _____	
GUEST NAME: _____		SSN: _____	DOB: _____
ADDRESS: _____		CITY: _____ STATE: _____ ZIP: _____	
Phone Number: (____) _____ - _____ Phone Type: <input type="checkbox"/> 52 Work <input type="checkbox"/> 54 VMail <input type="checkbox"/> 56 Emer <input type="checkbox"/> 51 Home <input type="checkbox"/> 53 Mobile <input type="checkbox"/> 58 Other		Phone Status: <input type="checkbox"/> 11 Anytime, msg OK <input type="checkbox"/> 12 AM Only, Msg OK <input type="checkbox"/> 13 PM Only, Msg OK <input type="checkbox"/> 21 Anytime, No Msg <input type="checkbox"/> 22 AM Only, No Msg <input type="checkbox"/> 23 PM Only, No Msg <input type="checkbox"/> 31 Never Call	
EMERGENCY CONTACT/NATURAL SUPPORT			
NAME: _____		RELATIONSHIP: _____	PHONE: _____
NAME OF TREATMENT PROVIDER: _____		CONTACT NUMBER: _____	
ETHNICITY (self-reported, up to 3) <input type="checkbox"/> 010 Other White <input type="checkbox"/> 050 Other Race <input type="checkbox"/> 604 Cambodian <input type="checkbox"/> 618 Thai <input type="checkbox"/> 999 Unknown <input type="checkbox"/> 031 Asian Indian <input type="checkbox"/> 100 Iraqi <input type="checkbox"/> 605 Chinese <input type="checkbox"/> 619 Vietnamese <input type="checkbox"/> 655 Samoan <input type="checkbox"/> 032 Native Hawaiian <input type="checkbox"/> 105 Iranian <input type="checkbox"/> 608 Filipino <input type="checkbox"/> 660 Guamanian/Chamorro <input type="checkbox"/> 033 Other Pacific Islander <input type="checkbox"/> 108 Bosnian <input type="checkbox"/> 611 Japanese <input type="checkbox"/> 935 Eskimo <input type="checkbox"/> 034 Other Asian <input type="checkbox"/> 110 Russian/Ukrainian <input type="checkbox"/> 612 Korean <input type="checkbox"/> 941 Aleut <input type="checkbox"/> 040 Black/African American <input type="checkbox"/> 597 American Indian <input type="checkbox"/> 613 Laotian			HISPANIC ORIGIN <input type="checkbox"/> 998 Not Spanish/Hispanic <input type="checkbox"/> 000 General Hispanic <input type="checkbox"/> 999 Unknown SERVICE COUNTY <input type="checkbox"/> Island <input type="checkbox"/> San Juan <input type="checkbox"/> Skagit <input type="checkbox"/> Snohomish <input type="checkbox"/> Whatcom
PRIMARY REASON FOR REFERRAL <input type="checkbox"/> 1 Mainly Mental Disorder <input type="checkbox"/> 2 Mainly CD Disorder <input type="checkbox"/> 3 Co-Occurring MH & CD		SPECIFIC REFERRAL SOURCE INFORMATION <input type="checkbox"/> 1 Community CD Provider <input type="checkbox"/> 2 Community MH Agency <input type="checkbox"/> 4 Individual Professional Staff <input type="checkbox"/> 5 Self <input type="checkbox"/> 6 Employer or Co-Worker <input type="checkbox"/> 7 Family or Friend <input type="checkbox"/> 8 Hospital ER <input type="checkbox"/> 9 Hospital Medical Unit <input type="checkbox"/> 10 Hospital Psychiatric Unit <input type="checkbox"/> 11 Law Enforcement Agency <input type="checkbox"/> 12 MH Eval & Tx Facility <input type="checkbox"/> 13 Residential Facility <input type="checkbox"/> 14 Sobering Center or Detox <input type="checkbox"/> 16 Other: _____ <input type="checkbox"/> 21 Social Service Agency <input type="checkbox"/> 22 Probation <input type="checkbox"/> 23 Corrections <input type="checkbox"/> 24 Court <input type="checkbox"/> 25 School <input type="checkbox"/> 26 Tribe <input type="checkbox"/> 27 State Hospital (WSH, ESH, or CSTC) <input type="checkbox"/> 90 Crisis Stabilization – Whatcom <input type="checkbox"/> 91 Crisis Stabilization – Skagit <input type="checkbox"/> 92 Crisis Triage - Snohomish	
LAW ENFORCEMENT DROP-OFF <input type="checkbox"/> Yes <input type="checkbox"/> No		REFERRING HOSPITAL	
EMS DROP-OFF: <input type="checkbox"/> Yes <input type="checkbox"/> No ADMIT DIAGNOSIS: <input type="checkbox"/> R69 – Illness Unspecified		<input type="checkbox"/> 740 Affiliated Health (Skagit) <input type="checkbox"/> 742 St Joseph-B'ham <input type="checkbox"/> 058 Mukilteo E&T <input type="checkbox"/> 655 Swedish - Edmonds <input type="checkbox"/> 607 Fairfax – Kirkland <input type="checkbox"/> 10205-Fairfax – Everett <input type="checkbox"/> Fairfax – Monroe <input type="checkbox"/> 638 Providence Everett <input type="checkbox"/> Evergreen – Monroe <input type="checkbox"/> Telecare E&T – Sedro Woolley <input type="checkbox"/> 482 Kitsap E&T <input type="checkbox"/> 431 Western State Hospital <input type="checkbox"/> 668 Yakima Valley Memorial Hospital <input type="checkbox"/> 657 Swedish – Seattle <input type="checkbox"/> 677 UW Medical Center <input type="checkbox"/> Other: _____	
FACILITY TYPE <input type="checkbox"/> Stabilization <input type="checkbox"/> Triage			