

Patient ID: _____

Clinic: _____

Date: ____/____/____

ADMISSION FORM

Date of first appointment:		
Was client admitted?		<input type="radio"/> Yes <input type="radio"/> No
If not admitted to the program, what was the reason? (May choose multiple reasons.)		<input type="radio"/> Client declined <input type="radio"/> Outside of catchment area <input type="radio"/> Client did not meet admission criteria <input type="radio"/> Other (please specify: _____)
If client declined, please specify reason: (May choose multiple reasons.)		<input type="radio"/> Transportation issues <input type="radio"/> Distance or travel time to clinic <input type="radio"/> Program intensity/frequency of visits <input type="radio"/> Financial concerns <input type="radio"/> Other (please specify: _____)
If client does not meet admission criteria, please specify reason(s) why:		<input type="radio"/> Too young (age less than 15) <input type="radio"/> Too old (age over 30) <input type="radio"/> Duration of psychosis greater than 3 years <input type="radio"/> No psychosis or attenuated psychosis symptoms <input type="radio"/> Client meets criteria for clinical high risk for psychosis (attenuated symptoms of psychosis) <input type="radio"/> Psychosis symptoms secondary to drug use <input type="radio"/> Client is experiencing psychosis symptoms, and has a significant developmental disorder that is the primary focus of treatment <input type="radio"/> Specify other reason (example: client does not meet criteria for a primary psychotic disorder, but does experience some symptoms of psychosis):
If client was not scheduled for an intake appointment, where will they receive services?		<input type="radio"/> Currently in treatment, will continue with current care <input type="radio"/> Currently in treatment, will receive care with a different provider <input type="radio"/> CSC helped client connect to a higher level of care (inpatient psychiatric, residential, PHP, inpatient substance use treatment) <input type="radio"/> CSC helped client connect to outpatient substance use treatment program <input type="radio"/> CSC helped client connect to another outpatient provider <input type="radio"/> Client refuses treatment <input type="radio"/> Client is seeking alternative provider <input type="radio"/> Unsure <input type="radio"/> Other (specify):
Program Admission Criteria		
Age		
Met DSM-5 psychotic disorder diagnosis criteria for either schizophrenia, schizoaffective disorder, unspecified schizophrenia spectrum and other psychotic disorder, or bipolar disorder with psychotic feature (where psychosis is prominent feature)		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure, diagnostic evaluation part of treatment plan
To calculate duration of psychosis, estimate date of onset of psychosis (mm/yyyy): Defined as onset of hallucinations OR delusions that the person experiences as fully real, with no doubt to veracity AND the symptoms occur weekly to daily OR that cause behaviors that are dangerous/disorganizing. If clients can only give vague answer, approximate the month as the mid-point (for example spring=April, summer=July, fall=October, winter=January) or the year as the mid-point, (for example "sometime two years ago" =July).		
No clinically significant* intellectual or developmental disorder present:		<input type="radio"/> Yes <input type="radio"/> No

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Mild intellectual developmental disorder (e.g. Iq < 70) or level 1 autism spectrum disorder allowable. Moderate or profound intellectual developmental disorder or level 2/3 autism spectrum disorder is exclusionary		
Demographics		
Gender:	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Transgender <input type="radio"/> Non-binary	
Self-reported ancestry (May choose multiple):	<input type="radio"/> White <input type="radio"/> Black or African American <input type="radio"/> Asian <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Hawaiian or Other Pacific Islander <input type="radio"/> Other <input type="radio"/> Client declined	
Hispanic origin (Choose one):	<input type="radio"/> Yes <input type="radio"/> No	
Client ZIP Code:		
Information about years of parental education is collected to estimate socio-economic status (SES). On average individuals with lower SES are expected to require more resources and achieve overall lower levels of average patient recovery than individuals with higher SES.		
Highest Level of Mother's Education:	Highest Level of Father's Education:	
<input type="radio"/> Did not complete High School <input type="radio"/> GED / High School degree <input type="radio"/> Some Community College / University <input type="radio"/> Community College degree <input type="radio"/> University degree <input type="radio"/> Graduate / Professional School degree <input type="radio"/> Unknown	<input type="radio"/> Did not complete High School <input type="radio"/> GED / High School degree <input type="radio"/> Some Community College / University <input type="radio"/> Community College degree <input type="radio"/> University degree <input type="radio"/> Graduate / Professional School degree <input type="radio"/> Unknown	