Organization Name:	**Program Name:**	
Individual's Name (First / MI / Last):	**Record #:**	**DOB**:
Admission Date:	**Service Plan Due:**	

Admission Criteria:
18 years of age or older: No ☐ Yes ☐
Serious Mental Illness (MI): No ☐ Yes ☐
Functional deficit due to MI: No ☐ Yes ☐

Admission Decision: ☐ Admit ☐ Do not Admit
If not admitting:

Reason:

Referrals:

Reason for admission and Primary Service Related Needs- Individual will benefit from:
☐ Community Rehabilitation and Support Services for the purpose of:

☐ Intensive Rehabilitation or Ongoing Rehabilitation and Support Services for the purpose of:

☐ Clinical Treatment Services for the purpose of:

Diagnosis: ☐ DSM Codes ☐ ICD Codes

Check Primary	Axis	Code	Narrative Description
☐	Axis I		
☐			
☐			
☐	Axis II		
☐			
	Axis III		
	Axis IV		
	Current GAF:		Highest GAF in Past Year (if known):

Organization Name:	**Program Name:**	
Individual's Name (First / MI / Last):	**Record #:**	**DOB**:
Admission Date:	**Service Plan Due:**	
Additional current risk factors/concerns:		
Individual Served (Optional):	**Individual Served Signature:**	**Date:**
Completed By - Print Staff Name/Credentials: ☐ **Licensed Practioner of the Healing Arts (LPHA)**	**Staff Signature:**	**Date:**