



Client Services Information (CSI) Assessment Record Data

Referral Date: \_\_\_\_\_ Organizational Provider: \_\_\_\_\_
Client Number: \_\_\_\_\_ Notes (CPS, PT, etc.): \_\_\_\_\_
Client Last Name: \_\_\_\_\_ Client First Name: \_\_\_\_\_

Assessment Appointments

1st Date Offered: \_\_\_\_\_ 2nd Date Offered: \_\_\_\_\_ 3rd Date Offered: \_\_\_\_\_

- Did client accept an assessment appointment? [ ] Yes [ ] No
Assessment appointment accepted date: \_\_\_\_\_
Did client attend the assessment appointment? [ ] Yes [ ] No
Assessment start date: \_\_\_\_\_
Did client meet medical necessity criteria for BH services? [ ] Yes [ ] No [ ] Undetermined
Assessment end date (date medical necessity determined): \_\_\_\_\_

Treatment Appointments

1st Date Offered: \_\_\_\_\_ 2nd Date Offered: \_\_\_\_\_ 3rd Date Offered: \_\_\_\_\_

- Did client accept a treatment appointment? [ ] Yes [ ] No
Treatment appointment accepted date: \_\_\_\_\_
Did client attend the treatment appointment? [ ] Yes [ ] No
Treatment start date: \_\_\_\_\_

Data Collection Closure Reason and Date

- [ ] Client successfully completed assessment/treatment start process
[ ] Administratively closed assessment/treatment start process

Administrative closure reason:

Closed out date: \_\_\_\_\_

- [ ] 01- Did not accept any offered assessment [ ] 02- Accepted offered assessment, did not attend
[ ] 03- Did not complete assessment process [ ] 04- Declined offered treatment dates
[ ] 05- Accepted treatment dates, did not attend [ ] 06- Did not meet medical necessity criteria
[ ] 07- Out of county/presumptive transfer [ ] 08- Unable to contact/client unresponsive

09- Other: \_\_\_\_\_
Notes: \_\_\_\_\_

Referred To

- [ ] Managed Care Plan (Beacon) [ ] Fee-for-Service Provider [ ] Other: \_\_\_\_\_ [ ] No Referral

Completed By

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Staff ID: \_\_\_\_\_ Date: \_\_\_\_\_

COUNTY USE ONLY

Cerner form created by: \_\_\_\_\_ Date: \_\_\_\_\_