



# FACE SHEET / ADMISSION RECORD

State Form 1771 (R3 / 1-96) / CS 0006

1. Facility	2. Case number	Adm type	3. Name				4. Admission date	Admission time				
5. Address (number and street, city, state, ZIP code)						6. Race	7. Sex					
8. Social Security number		9. Date of birth (mo., day, yr.)		Age at admission		10. Place of birth (city, state)						
11. Eyes	Hair	Height	Weight	12. Education	13. Marital status	14. Veteran	Branch	Dates of service				
15. Religion			16. Citizenship			17. Resident county / Catchment area						
18. Occupation				19. Employment status		20. Residential setting		21. Yearly income	22. No. on income			
23. Admission primary payment source					Primary payment source ID number		24. Referred by					
<b>25A. LEGAL BASIS</b>			<b>25B. LEGAL DATE</b>		<b>25C. COURT</b>		<b>25D. CAUSE NUMBER</b>		<b>25E. COMMITTING CO.</b>			
<b>26. ADMITTING DIAGNOSES</b>												
1								Axis IV				
2												
3												
4								Axis V				
5												
27. Physician			28. Therapist / Social worker			29. Admission program		Care type	Ward			
30. Language	31. Clothing	32. Previous MH Outpatient      Inpatient      Parital      Residential				Episode admission date						
<b>33. PATIENT'S FATHER</b>					<b>33. PATIENT'S MOTHER</b>							
Name (last, first, middle)			Date of birth (mo., day, year)		Name (last, first, middle, maiden)			Date of birth (mo., day, year)				
Address (number, street, city, state, ZIP code)			Place of birth		Address (number, street, city, state, ZIP code)			Place of birth				
Social Security number			Living? (Yes or No)		Social Security number		Living? (Yes or No)		Number of births			
Telephone number			Marital status		Telephone number		Marital status		Pat. order in births			
<b>34. CORRESPONDENTS' NAMES (i.e. spouse, next of kin, guardian, responsible individual, employer, etc.)</b>												
<b>Name</b>			<b>Relationship</b>		<b>Address</b>			<b>Telephone number</b>				
Comments					<b>SEPARATION DATA</b>							
					Condition		Date (mo., day, year)		Cause			
					Autopsy		Type					
					Signature of physician				Patient days			

**35. PREVIOUS HOSPITALIZATION**

Facility	Admission date	Separation date	Type	Case number	Facility	Admission date	Separation date	Type	Case number

36. Comments continued

Large empty rectangular area for entering comments, starting below the text '36. Comments continued' and extending to the bottom of the page.