



For Internal
Use Only

DHS MHI Admission Core Data

Confidential
Information

Name	Institution ID
Social Security Number	Admit Date/Time /
County of Residence	Facility Chart #

A. General Information

Institution	Patient Phone	
State ID	Sex/Gender	
Admission Type	Marital Status	Veteran
Alias Name	Religion	
Birthdate	Age	Employment Status
Birthplace	Highest Grade Completed	
Citizenship	Race	Occupation

B. Hospital Assignment

Physician	Program Code	Unit
Social Worker	Counselor	

C. Legal Status

Legal Status	Prescreened
Effective Date	Court Case #
Contact Person	Hold Order
Committing County	Hold For

D. Authorization

Consent to Release Information Completed To	
Voluntary App Signature	Tx Consent Signature
Co-Signature Required	Co-Signature Obtained

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E. Background Information

Admitting From	
Accompanied By	Living Arrangement
Source of Admission	

F. Payment Source

Guarantor

G. Resource People

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H. Patient's Information Issued

Advanced Directives	
Client Rights Received	Smoking Policy Received
Visitors	

I. CPC Notified

How Notified

J. Additional Comments

Treatment History at this Facility	
Number of Admissions	Last Discharge Date

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Response Sheet for Residence

(Please FAX this sheet to state facility within three business days.)

Accept

Disputed

The dispute resolution process in Iowa Code section 331.394, subsection 5, will be implemented.

Address Information

Address	County	Facility <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	County	Facility <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address	County	Facility <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	County	Facility <input type="checkbox"/> Yes <input type="checkbox"/> No
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Note This is not a determination of funding.
This is not a Notice of Decision.