



STATE OF MISSOURI  
DEPARTMENT OF MENTAL HEALTH  
**SCL FACE SHEET**

TOP LINE FOR DMH USE ONLY

HOSP CODE	DMH ID NUMBER	ADMISSION DATE	UNIT PROGRAM CODE	WARD CODE	TREATMENT PROGRAM CODE	
† CLIENT NAME LAST	FIRST	MI	† BIRTHDATE (MO – DAY- YR)	† SEX	† RACE	† MARITAL STATUS
† ADDRESS			† CITY		ZIP CODE	
† COUNTY OF RESIDENCE (MISSOURI ONLY)	RELIGION	† SOCIAL SECURITY NO.		† BIRTHPLACE (STATE OR COUNTRY)		
VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	† OTHER NAME (MAIDEN, AKA)	NUMBER OF CHILDREN	EDUCATION LEVEL	USUAL OCCUPATION		
FATHER'S NAME		ADDRESS – WRITE "DECEASED" IF NOT LIVING			PHONE	
MOTHER'S NAME		MAIDEN NAME			ADDRESS – WRITE "DECEASED" IF NOT LIVING	PHONE
INTERESTED PARTY (SPOUSE, FRIEND, RELATIVE, ETC.)		ADDRESS			PHONE	
BEST INFORMANT NAME (MAY BE ONE OF THE ABOVE)		RELATIONSHIP			PHONE	
BEST INFORMANT ADDRESS		CITY	STATE	ZIP CODE		
† <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> CONSERVATOR <input type="checkbox"/> BOTH <input type="checkbox"/> N/A		RELATIONSHIP (RELATIVE, PUBLIC ADMINISTRATOR)			PHONE	
ADDRESS		CITY	STATE	ZIP CODE		

† COMMITMENT TYPE (REQUIRED) CIRCLE ONE

<b>20 – ADULT BY SELF</b>	22 – MINOR BY GUARDIAN	25 – MINOR BY LEGAL CUSTODIAN	42 – NOT GUILTY BY REASON OF INSANITY
21 – ADULT BY GUARDIAN	24 – MINOR BY PARENT	30 – ADULT-COURT ORDER	45 – OTHER-CIRCUIT COURT

† DIAGNOSES AND PROCEDURES 1-3 REQUIRED		† CODES
<b>AXIS I</b>		CODES
<b>AXIS II</b>		CODES
<b>AXIS III</b>		CODES
<b>AXIS IV</b>	<b>AXIS V</b>	
SCL RESIDENTIAL PROVIDER	* PHONE	
ADDRESS	ZIP CODE	
COMMUNITY SERVICE PROVIDER	PHONE	
ADDRESS	ZIP CODE	
STAFF SIGNATURE	DATE	PHYSICIAN'S SIGNATURE
		DATE

† REQUIRED

## Face Sheet Instructions

The first line is for DMH use only.

RACE CODE OPTIONS		MARITAL STATUS OPTIONS		RELIGION CODE OPTIONS	
CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION
01	WHITE	1	NEVER MARRIED	10	PROTESTANT
02	BLACK	2	NOW MARRIED	11	CATHOLIC
03	AMERICAN INDIAN	3	WIDOWED	20	CHRISTIAN
04	HISPANIC AMERICAN	4	DIVORCED	12	JEWISH
05	ORIENTAL	5	SEPARATED	15	BUDDHIST
06	OTHER	6	REMARRIED	16	MOSLEM
09	UNKNOWN	9	UNKNOWN	98	OTHER
16	BI-RACIAL			99	UNKNOWN

- *Education*: indicate the number of years of school completed. (e.g. 12=high school grad or GED, 14=2 years college)
- *SCL Residential Provider*: The name of the DMH contracted RCF, ICF, SNF or apartment program. If unknown at time of completion, leave blank.
- *Community Service Provider*: The administrative agent or affiliate that is providing case management.
- *Legal Guardian*: Guardian of person, an entity or individual who is court-appointed to make decisions concerning the care and management of a person. The individual may also be assigned as conservator/the guardian of estate.
- *Conservator*: Guardian of estate, an entity or individual who is court-appointed to legally hold, manage, and safeguard the value of another person's property. A conservator may also be assigned as a legal guardian/the guardian of person.

Please note that completion of the legal guardian/conservator portion is required, though, for many clients, it is only necessary to check the "N/A" box for "not applicable."

The physician's signature is not required.