This is a fill and print form

BRITISH COLUMBIA

Ministry of Health Services
MENTAL HEALTH AND ADDICTIONS

CPIM (CLIENT/PATIENT INFORMATION MANAGEMENT)

SERVICE UTILIZATION RECORD

CLIENT KEY	CLIENT NAME	LOCATION CODE

MEDICATION ONLY ☐ YES ☐ NO

DATE (YYYY / MM / DD)	CLINICAL SERVICES													THERAPIST CODES				
	01 Formal Assessment	02 Individual Therapy	04 Family Therapy	05 Formal Case Review	06 Crisis Intervention	07 Medication Management	08 Case Work Management	09 Info / Advice / Referral	10 Short Term Assessment & Tx	11 Education	12 Consultation	13 Intake/Assessment/Referral	14 Medication Review					

DSM CLASSIFICATION, UPDATE:

AXIS I CLINICAL DISORDERS			AXIS II PERSONALITY DISORDERS / MENTAL RETARDATION		
.	.	.	.	.	.
AXIS III GENERAL MEDICAL CONDITIONS			AXIS IV PSYCHOSOCIAL AND ENVIRONMENTAL PROBLEMS		
AXIS V GAF SCORE (CODE)					

FORM ENTERED INTO CPIM

DATE (YYYY/MM/DD)			DATA ENTRY INITIAL

CASE NOTES:

HLTH 3573 Rev. 2003/05/12

RESET