CAMARILLO STATE HOSPITAL

ADMISSION PROCEDURE MANUAL

MARCH 1973

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Throughout this manual the term "patient" is used frequently.

It must be understood that this term is a general one and applies to the mentally retarded resident, the student in the Adolescent Center, and the child in the Child Development Center, as well as the patient in the mentally ill section of the hospital.

Section I

A. Purpose and Description

Purpose is to evaluate applicants for Admission referred by County Mental Health facilities and other referring agencies and to admit applicants in the most therapeutic manner in order to create an atmosphere that will motivate and encourage patients to participate actively in their treatment program.

Active service is provided 16½ hours each day, seven days a week from 0730 to 2400 hours. During the hours from 2400 to 0730, minimal service is provided until the process is resumed the next day.

Screening and evaluations are made in the Admission area for those patients who present themselves for Admission to this hospital.

Patients accepted are screened evaluated and assigned to a program selected for its ability to work with the patients deficits.

For those patients who are not referred by a Mental Health clinic and not accepted for Admission, arrangements are made with a community resource for follow up services.

Section II

A. Admitting Physician's Procedures

1. Voluntary Patients

a. Check for Short Doyle Form 1570.

b. Interview applicant and ascertain Admission is appropriate and applicant wishes to be admitted. If both, have applicant sign Application for Admission (Form 1756-A) and Consent for Treatment (Form 1757-A) if not already completed.

c. Enter on Physicians Order Form #1760, program assignment, diet order and orders for any treatment needed before patient is seen by assigned physician and sign name, including initial and title.

d. Date and sign Certification - Recertification (Form MH 1279) and answer Section A or B - Admission's portion.

e. Dictate or write Admission Note (Form #202), giving provisional diagnosis according to revised A.P.A. Nomenclature, including 5-digit code. Route papers to nursing staff for proper distribution.

NOTE: Check for additional procedures for Special Programs - see Index

2. Involuntary Patients

a. Check for Short Doyle Form 1570 in case of L.P.S. patients.

b. Complete Form #1572 for other admissions as outlined thereon.

c. Check for completion and validity of papers ordering detention of patient. These may be for any of the following: 72-hour detention, 14-day certification, additional 14-day certification for suicidal persons, 90-day commitment for imminently dangerous individuals; temporary conservatorship or adjudicated conservatorship, penal Code commitment when legally insane during drial or before sentencing, or when not guilty by reason of insanity, Youth Authority observation, or other valid commitment orders.

d. All legal papers and detention orders, including P.C. 4011.6 papers will be routed to nursing staff for proper distribution.

e. Interview patient.

f. Enter on Physician's Order Form #1760, program assignment, diet order, and any order for treatment needed before patient is seen by assigned physician. Sign name, including initial and title.

See Page 1-A of 2 (200.0)

THIS CANCELS PAGE 200.0 (Page 1 of 2) dated March, 1973, OF THE ADMISSION PROCEDURE MANUAL WHICH SHOULD BE REMOVED AND DESTROYED.

Section II - Continued:

2. Involuntary Patients - concluded

g. Date and sign Certification - Recertification (Form MH 1279), filling out Part A or B of Admission portion.

h. Dictate or write Admission Note, Form 202, giving provisional diagnosis according to revised APA Nomenclature, including 5-digit code. Route papers to nursing staff for proper distribution.

2. Special Procedures

a. Walk-in Applicant Without County Referral.

1. Interview applicant to determine if admission is appropriate or urgent.

See Page 2 of 2 (200.0)

HD _____ 3

Tract No. _____

CAMARILLO STATE HOSPITAL

ADMISSION INFORMATION

1. FULL NAME _____ AGE _____ DATE _____ HOUR _____
(Last) (First) (Middle)

ADDRESS _____ ZIP _____

PHONE (Area Code) _____ Number _____

a. CASE NUMBER _____

2. REFERRING AGENCY: _____ UNIT _____

3. WITH WHOM DID YOU ARRIVE AT THE HOSPITAL? _____

_____

IF BY AUTO - DISPOSITION OF AUTO _____

4. HAVE YOU EVER BEEN A PATIENT AT CAMARILLO? Yes (When) _____ No _____

a. BIRTHDATE: Month _____ Day _____ Year _____ BIRTHPLACE _____

b. MARITAL STATUS _____ SEX _____ RACE _____ RELIGION _____

5. NEXT OF KIN: NAME _____ RELATIONSHIP _____

ADDRESS _____ ZIP _____

PHONE (Area Code) _____ Number _____

6. WITH WHOM WAS PATIENT LIVING? _____

Employee's Signature _____

7. EVALUATION AND DISPOSITION: (Continue on reverse side if necessary)

Physician's Signature _____

HOUR OF ACCEPTANCE _____

Employee's Signature _____

CONFIDENTIAL PATIENT INFORMATION
SEE CALIFORNIA WELFARE AND
INSTITUTIONS CODE SECTION 5328

ADDRESSOGRAPH

12

PATIENT'S CLOTHING AND PROPERTY CARD

CLOTHING RETAINED BY PATIENT

STATE OF CALIFORNIA
DEPARTMENT OF MENTAL HYGIENE
FORM MH 1769 (REV. 8-71)

55986-750 8-71 22.230 ① △ OSP

	Date	DESCRIPTION	ITEM	SIZE
1			Bathing Suit	
2			Bathrobe	
3			Belts	
4			Blouses	
5			Brassiere	
6			Coat	
7			Creepers	
8			Diapers	
9			Dress	
10			Duster	
11			Garter Belt	
12			Girdle	
13			Gloves	
14			Handkerchief	
15			Hat	
			Hose-Socks	
			Housecoat	
			Jacket	
			Nightgowns	
			Pajamas	
			Panties	
			Pants	
			Pants Dress	
			Pedal Pushers	
			Playsuits	
			Scarf	
			Shirts (Dress)	
			(Sport)	
			(Sweat)	
			Shoes (pr.)	
			Shoes (pr.)	
			Shorts	
			Skirt	
			Slacks	
			Sleepers	
			Slip	
			Slippers (pr.)	
			Suit	
			Suspenders	
			Sweaters Card	
			Sweaters P.O.	
			Ties	
			T Shirts	
			Undershirts	
			Underwear	

CHANGES OF RESIDENCE

Date Transferred	By	Date Received	By

Key

A—*Additions*	*Post in Blue*
C—*Condemned*	*Post in Red*
L—*Lost*	*Post in Red*

PROPERTY HELD FOR STORAGE

Luggage		
Clothing		
Misc.		

PACKAGES RECEIVED

Date	By	Contents	Date	By	Contents

PATIENT'S CLOTHING AND PROPERTY CARD

PERSONAL PROPERTY RETAINED BY PATIENT

Bible	Camera	Cigarette Lighter	Comb	Dentures Upper Lower	Electric Shaver	Glasses	Hairbrush	Jewelry	Pen	Pencil	Prayer Book	Purse	Radio	Ring—Plain	Ring—Ornamented	Rosary	Tie Clasp	Wallet	Watch		DESCRIPTION
																					1
																					2
																					3
																					4
																					5
																					6
																					7
																					8
																					9
																					10
																					11
																					12
																					13
																					14
																					15

I, _____ of _____
Name Address

being* [the _____ of _____]
Relationship Name of Individual Concerned

an individual in the Camarillo State Hospital, do hereby give consent to the Medical Director and the authorized staff of said hospital to: (1) perform any necessary or beneficial examination; diagnostic procedure; medical, dental, or psychiatric treatment; (2) render any necessary care, habilitation, training, or education services.

I understand that the treatment or services are to be performed by members of the authorized staff of said hospital and that the Medical Director of said hospital is authorized to use, in the performance of the treatment or services, the services of physicians, residents and other members of the hospital or consulting staff to the extent that he deems them qualified.

I consent to the taking of photographs for identification purposes or to directly further the above named person's therapy.

The nature and purposes of the treatment and the services to be provided, possible alternate methods that could be utilized, the risks involved, and the possibility of complications, have been fully explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

THIS IS NOT A CONSENT FOR SURGERY OR FOR ELECTROCONVULSIVE THERAPY.

_____ _____
Witness Signature

_____ _____
Witness Signature

_____
Date

*Omit when consent is signed by individual concerned.

CONSENT FOR TREATMENT

"CONFIDENTIAL PATIENT INFORMATION
See California Welfare and Institutions Code
Section 5328"

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
MH-1757A (Rev. 5-73)