CLIENT NOT SEEN / DISCHARGE (CNSD) FORM

NAME:______________________________ (Last, First) HRIF I.D.# ______________

*Required Field

***DATE CLIENT NOT SEEN / DISCHARGE:** ☐☐-☐☐-☐☐☐☐ (MM-DD-YYYY)

*CATEGORY *(Required Field)*		
☐ No Appointment Scheduled	☐ Core Visit Appointment Scheduled	☐ Discharged

*REASON FOR CLIENT NOT SEEN / DISCHARGE *(Required Field)*	
☐ Appt Cancelled/COVID-19 Related	☐ Parent Declines Due to Cost
☐ Infant Illness	☐ Insurance Authorization Problems
☐ Infant Hospitalized	☐ CCS Denied
☐ Infant Referred to Another HRIF Clinic	☐ Clinic Visit Considered Unnecessary
☐ Infant/Family Moved Within California	☐ Lack of Transportation
☐ Infant/Family Moved Out of State	☐ Lost to Follow-up
☐ Infant Expired	☐ Unable to Contact
☐ Parent Illness	☐ Other: ______________________
☐ Parent Refused	☐ No Show/Reason Unknown
☐ Parent Competing Priorities	

*DISPOSITION *(Required Field)*			
	☐ Scheduled Appointment	☐ Will Schedule Appointment	☐ Will Be Followed by Another CCS HRIF Clinic (1)
DISCHARGED:	☐ Family Moving Out of State/Country	☐ Will be Followed Elsewhere	☐ Closed Out of Program

HOSPITAL/CENTER INFORMATION *(Optional)*		
Hospital Specific Medical I.D. # ☐☐☐☐☐☐☐☐☐☐		
Infant's First Name:		
Infant's Last Name:		
Infant's AKA-1 Last Name:		
Infant's AKA-2 Last Name:		
Primary Caregiver's First Name:		
Primary Caregiver's Last Name:		
Street Address:		
City:	State: CA	Zip Code: ☐☐☐☐☐
Home Phone Number: (☐☐☐) ☐☐☐-☐☐☐☐		
Alternate Street Address:		
Alternate City:	State: CA	Zip Code: ☐☐☐☐☐
Alternate Phone Number: (☐☐☐) ☐☐☐-☐☐☐☐		

(1) Learn How To Transfer a Record to Another CCS HRIF Clinic.