	PATIENT IDENTIFICATION		
ABBREVIATED PSYCHIATRIC	Facility:		
ADMISSION NOTE			
(FOR ACUTE CARE UNIT)			
	GDC ID#:	DOB:	
	Race:	Sex:	
Chief Compliant:			
History of Present Illness:			
Mental Status:			
Assessment:			
Diagnostic Impressions:			
Primary Diagnoses:			
Other:			
Other:			
Other:			
(To Be Completed within 24 hours or next Business Day).			
Psychiatrist's Signature	Printed/Ty	yped Name	Date

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Retention Schedule: Upon completion this form shall be placed in the offender's mental health file (section 1). At the end of the offender's need for mental health services and/or sentence, the mental health file shall be placed within the offender's health record and retained for 10 years.