



Department of Behavioral Health Services

NEW CLIENT FORM

Step 1. (Provider)

Client demographic information for setup in county electronic health record:

ODF IOP Residential

Last Name: _____ First Name: _____ Middle: _____

Physical Address: _____ City/State/Zip: _____

Mailing Address: _____ City/State/Zip: _____

Phone: _____ SSN: _____ MediCal #: _____

Date of Birth: _____ Gender: F M T Other: _____

Assigned Counselor: _____

Step 2. (Provider)

Provider staff uploads the completed form to the secure LCBHS file portal:

<https://filetransfer.co.lake.ca.us/filedrop/ManagedCare>

Step 3. (LCBHS Staff)

LCBHS staff:

- *ascertains if there is a pre-existing client record or establishes as a new client, in the electronic health record*
- *notes (below) the assigned individual ID number*
- *returns information to the Provider via secure email*

CLIENT NUMBER: _____