



Ohio Mental Health Consumer Outcomes System Tracking Sheet

TS

Instructions: Agency staff should complete this form and submit it with completed survey instruments.

Transaction Type: New Record Revised Record

Refusal Type: Person refused Person unable to complete Person completed

Instrument Type:

Adult Consumer Adult Provider (Optional) Ohio Scales Parent Ohio Scales Youth (Optional) Ohio Scales Agency Worker (Optional)

Administration: Initial 3 months 6 months 9 months Annual Termination

MACSIS UCI#:

Agency ID# (UPID):

Agency Provider ID#:

Board ID# (Company Code):

Client's county of residence (Group):

Date of admission: / /

Diagnosis Type: DSM III-R DSM IV ICD-9

Primary Diagnosis:

Secondary Diagnosis:

Agency-defined Information:

Date field: / /

Text field: