

Point of Entry/Face Sheet Information

Source of Information: Self Parent/Guardian Other

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ SSN (or reason for no number): _____

Birth Sex: Male Female

Gender identity - Which of these does the consumer identify with?

- Male/boy Non-binary/gender fluid
- Female/girl Not sure/questioning
- Trans man/trans boy Prefer not to answer
- Trans woman/trans girl Prefer to self-describe Description? _____

Pronouns: He/Him She/Her They/Them Zi/Zir Other: _____

Does the consumer identify as a member of the LGBTQ+ community?

- Yes (Answer question below) Not sure/questioning
- No Prefer not to answer

If answered yes to above question, which of these does the consumer identify with (choose all that apply)?

- Gay Not sure/questioning
- Lesbian Prefer to self-describe Description? _____
- Bisexual Prefer not to answer
- Asexual

Physical address: _____ City: _____ State: _____ Zip code: _____

Mailing address: _____ City: _____ State: _____ Zip code: _____
(if different)

Email address: _____

Phone 1: _____ Type Primary
Ok to ID? Yes No

Phone 2: _____ Type Primary
Ok to ID? Yes No

Phone 3: _____ Type Primary
Ok to ID? Yes No

Phone 4: _____ Type Primary
Ok to ID? Yes No

Phone Type (enter next to phone number)

- | | |
|--|-------------------------------|
| 1 Home | 7 Other Work |
| 2 Cell | 8 Work |
| 3 Cell (ok to text reminder) | 9 Message |
| 4 Cell (ok to call reminder) | 10 Work fax |
| 5 Phone (Do not use for auto messages) | 11 Company cell |
| 6 Other Home | 12 Home (ok to call reminder) |
| | 13 Pager |

Demographic Information

Guarantor Information (legal documentation must be provided for any relationship other than biological/adoptive parent):

Parent Legal Guardian POA Other: _____

Name: _____ Date of birth: _____

Address: _____ City: _____ State: _____ Zip code: _____

Primary phone: _____ Home Cell Work Other _____

Do you have any Hispanic/Latino ethnicity? Yes No

If yes: Puerto Rican Mexican Cuban Other Hispanic/Latino Latino Unknown origin

Race: American Indian or Alaskan Native Asian Black or African American Multiracial
 Native Hawaiian or other Pacific Islander White

Marital Status: Never Married Married-Living Together Married-Separated Divorced Widowed

Smoking Status: Current, every day Current, some-day Former Never

Primary Language (if other than English): _____

DO NOT FILE.

Demographic Information - continued

Veteran status: Yes Yes-Combat Current-Active duty No

Are you a family member of a military veteran? No Yes

Living Situation: Homeless Independent Biological Family School Dormitory

Relative/Adoptive/Friend's home Supervised Independent Living Foster Care

Therapeutic Foster Care Individual Home/Group Emergency Shelter Group Home/Residential Treatment Center

Medical Hospital (non-psych) Psychiatric Hospital State Hospital

Juvenile Detention Center/Youth Correctional Center Jail/Prison N/A

Legal Guardian: Yes No

Dependent Children: Yes No

Are you pregnant: Yes No

Education Level completed: _____ **If child, what school does he/she attend:** _____

What is your attitude toward education? _____

Learning Disability: Yes No

Did you receive any special accommodations in school? No Yes

Do you have any special needs in the areas of reading, speaking, hearing, or learning that will impact your treatment? No Yes

Disability: No Known Disability ID/DD Mute Neurological Impairment Non-Ambulatory Blind

Learning or Reading Disability Deaf Traumatic Brain Injury Other Psychiatric/Mental Disorder

Psychiatric/Mental Hard of Hearing

Referral Source: Court Northern District (Fed Probation) School DCS PCP Office Self

Hospital Discharge Recovery Works Law Enforcement Other _____

Legal Status of referral (if applicable): _____

Financial Information

Employment Status: _____ **Employer Name:** _____

Occupation: _____ **Hours worked per week:** _____

Number of Individuals in Household: _____ **Number of Individuals under the age of 18:** _____

Household Income: _____ Hourly Weekly Monthly Annually

Source of Income: _____ Food stamps? Yes No TANF? Yes No

Longest period of employment? _____

Employment History Type? Consistent Sporadic

Difficulties at Work: Performance Getting along with boss Other Attendance Getting along with co-workers None

What are your career goals? _____

Skills Needed: Vocational Educational Other

Presenting Problem (include current or prior diagnosis if known): _____

Demographic Information - continued

Emergency Contact:

Name: _____ Phone Number: _____

Relationship to Client: _____

Primary Care Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Payer Information (Medicare, Medicaid, Private Insurance)

Primary Insurance _____

Policy Holder Name _____

Policy Holder D.O.B. _____

ID# _____ Group# _____

Benefit/Customer Service Phone # _____

Secondary Insurance _____

Policy Holder Name _____

Policy Holder D.O.B. _____

ID# _____ Group# _____

Benefit/Customer Service Phone # _____

Legal/Addictions Information

Have you been arrested in the past 30 days: No Yes

Do you have any past, present, or pending legal issues: No Yes

Family Related Legal Issues: Custody Guardianship Other Protective Orders None

Addiction History

Do you use any form of tobacco? No Yes **If yes, details:** _____

Do you vape? No Yes

Alcohol Screen? Male Not Male

If male: How many times have you had 5 or more drinks in one day? _____

If not male: How many times have you had 4 or more drinks in one day? _____

How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons?

None One or More

When is the last time you have gambled? In the last month In the last year Never