

COASTAL BEHAVIORAL HEALTHCARE, INC.

FACE SHEET

NAME: _____
Last Name First Name Middle

AKA NAME: _____ SS#: _____
First & Last Name

ADDRESS: _____
Street Address City State Zip Code

EMAIL : _____ Preferred Language: _____

OCCUPATION: _____ HOME PHONE: _____
Area Code Number

DOB: _____ AGE: _____ CELL PHONE: _____
Month Day Year Years Area Code Number

EMERGENCY CONTACT INFORMATION

NAME: _____
Last Name First Name Middle Name

ADDRESS: _____
Street Address City State Zip Code

HOME PHONE: _____ CELL PHONE: _____
Area Code Number Area Code Number

RELATIONSHIP:

<input type="checkbox"/> Aunt	<input type="checkbox"/> Father	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Other	<input type="checkbox"/> Significant Other
<input type="checkbox"/> Brother	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Son	<input type="checkbox"/> Spouse
<input type="checkbox"/> Daughter	<input type="checkbox"/> Friend	<input type="checkbox"/> Mother	<input type="checkbox"/> Sister	<input type="checkbox"/> Uncle

RACE:

- White
- African-American
- Amer.Indian/Alaska Nat.
- Asian
- Nat. Hawaiian/ Pacific Isl.
- Multi-Racial

EMPLOYMENT:

- Active Military, Overseas
- Active Military, USA
- Full Time
- Part Time
- Leave of Absence
- Retired
- Terminated/Unemployed
- Not in Labor Force
(Student/homemaker..)

Residential Status:

- Ind.Living - Alone
- Ind.Living - w/Relatives
- Ind.Living - w/Non-Rel.
- Dep.Living - w/Relatives
- Dep.Living - w/Non-Rel.
- Assist.Living Fac. (ALF)
- Foster Care/Home
- Group Home
- Homeless
- Hospital
- Nursing Home
- Supported Housing
- Correctional Facility
- DJJ Facility
- Not Available or Unknown

SOURCE OF INCOME:

- Salary
- Wages/TANF
- Retirement/Pension/SSI
- Disability
- Other
- None
- Unknown

ETHNICITY:

- Puerto Rican
- Mexican
- Cuban
- Other Hispanic
- Haitian
- Other

EDUCATION:

- No Schooling
- Nursery Schooling to 4th Grade
- 5-6th Grade
- 7-8th Grade
- 9th Grade
- 10th Grade
- 11th Grade
- 12th Grade, No Diploma
- High School, Diploma
- 1 or more year college No Degree
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Prof. Degree
- Doc. Degree
- Special School
- Vocational School

IN HOUSEHOLD

 (Include Client)

HOUSEHOLD ANNUAL INCOME:

\$ _____

OF DEPENDENTS

UNDER AGE 18

REFERRAL SOURCE:

- Individual
- Substance Abuse Provider
- Mental Health Provider
- Juvenile Justice
- Co. Public Health Unit
- School (Educational)
- Employer/EAP
- Other Social/Health/Comm
- TASC
- Prob/Parole/Contr Rel Auth
- DUI/DWI
- Pretrial
- Prison/Jail
- Other Crt Ord/Rec Legal
- CINS/FINS
- Addiction Rec Facilities
- Outreach Program
- DCF/SAMH
- Community Hospital
- State Hospital
- Physician/Doctor
- Law Enforcement
- Family Safety Foster Care
- Family Safety Protective Svcs
- None of the above

ALLERGIES: _____

PRIMARY CARE PHYSICIAN: _____ PCP PHONE: _____

COMPLETION DATE: _____ CLIENT #: _____