

Client Name: <<FullName>>

Maiden Name: << Maiden Name>>

Client SSN #: <<SSN>>

Mobile Phone: <<Cell>>
Home Phone: <<Phone>>

Work Phone: <<WorkPhone>>

Admission Date: <<DOA>>
Gender: <<Gender>>
Ethnicity: <<Ethnicity>>

Pregnant: << PregYN>>

Living Arrangement: <<LivingArrangement>>

Of Adults in Household: <<AinHH>>

Actual Income: <<Income>>

Disability: <<Handicapped>> **Smoking Status:** <<SmokingStatus>>

Of Arrests 30 days Prior to Adm: << NumArr>>

School:<<School>>

May we email you?

May we contact you at home? Yes or No
May we contact you at work? <<CatW>>
May we contact you by cell phone? <<CatC>>

May we send mail to your address? Yes or No

Pri. Insurance: <<PriInsurance>>
Pri. Group #: <<PriGrpNumber>>
Pri. Individual #:<<PriNumber>>

Effective Date: << PriEffDate>> **Co-Pay Amount:** << PriCoPay>>

Company Name Here Address Here FACE SHEET

Legal Name: <<LegalFName>> <<LegalLName>>

Date of Birth: <<DOB>>

Address Physical: <<Address1>> <<Address2>>

<<City>>, <<St>> <<Zip>>

Address Mailing: _____

Referral Source: <<ReferralSource>>

Race: <<Race>>

Language: <<Language>>

English Proficient:<<EProYN>>

Residence Type: << Residence Type>>

of Children In Household: <<CinHH>>
Employment Status: <<EmpStatus>>

Target Pop/Group: <<TargetPop>>

First Contact: <<DoFC>>
Veteran: <<VetYN>>
Grade: <<Grade>>

Contact Number: <<MCPhone>>
Contact Number: <<Phone>>
Contact Number: <<Cell>>

Email Address: <<Email>>

Address:

Sec. Insurance: <<SecInsurance>>
Sec. Group #: <<SecGrpNumber>>
Sec. Individual #:<<SecNumber>>
Effective Date: <<SecEffDate>>

Co-Pay Amount:<<SecCoPay>>

Please Sign Here: _____ Date: 4/28/2015

<<CweA>>

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