

**FOUR COUNTY MENTAL HEALTH CENTER, INC.  
PERSONAL INFORMATION FORM**

PLEASE MARK:	<input type="checkbox"/> AD	<input type="checkbox"/> MH
<b>OFFICE USE ONLY</b>		
CASE NUMBER		
DATE		

LAST NAME		FIRST NAME			MIDDLE NAME	(JR, SR, I, II, III)		
ADDRESS			CITY/TOWN		STATE	ZIP		
COUNTY OF RESIDENCE		SSN			DOB			
TELEPHONE NUMBER	(      )				HOME	<input type="checkbox"/>	MESSAGE	<input type="checkbox"/>

EMERGENCY CONTACT INFORMATION							
FIRST NAME		LAST NAME					
ADDRESS		CITY/TOWN		STATE		ZIP	
TELEPHONE NUMBER	(      )	RELATIONSHIP TO PATIENT					

ADMISSION REFERRAL SOURCE (MARK ONLY ONE)			
<input type="checkbox"/>	SELF: INCLUDES WALK-INS, MEDIA SERVICES	<input type="checkbox"/>	IN-HOUSE STAFF / TEACHER
<input type="checkbox"/>	FAMILY / RELATIVES	<input type="checkbox"/>	PENAL SYSTEM: INCLUDES STATE AND FEDERAL PRISONS
<input type="checkbox"/>	FRIENDS	<input type="checkbox"/>	SELF HELP GROUP(S)
<input type="checkbox"/>	CLERGY	<input type="checkbox"/>	DUI / DWI
<input type="checkbox"/>	OTHER PRIVATE HEALTHCARE PROFESSIONAL	<input type="checkbox"/>	ADULT RESIDENTIAL FACILITY (GROUP HOME)
<input type="checkbox"/>	ATTORNEY	<input type="checkbox"/>	OTHER EMPLOYEE ASSISTANCE PROGRAM (EAP)
<input type="checkbox"/>	COURT	<input type="checkbox"/>	MILITARY
<input type="checkbox"/>	PEACE OFFICER: INCLUDES CITY, COUNTY OR STATE POLICE	<input type="checkbox"/>	PROBATION
<input type="checkbox"/>	STATE MENTAL HEALTH HOSPITAL	<input type="checkbox"/>	COMMUNITY MENTAL HEALTH CENTER
<input type="checkbox"/>	PRIVATE PSYCHIATRIC HOSPITAL	<input type="checkbox"/>	DIVERSIONARY PROGRAM
<input type="checkbox"/>	ALCOHOL AND DRUG PROGRAM	<input type="checkbox"/>	JUVENILE CORRECTIONAL FACILITY
<input type="checkbox"/>	COMPREHENSIVE SCREENING UNIT FOR YOUTH	<input type="checkbox"/>	STATE OR LOCAL HEALTH DEPARTMENT
<input type="checkbox"/>	GENERAL HOSPITAL	<input type="checkbox"/>	MENTAL HEALTH CONSORTIUM
<input type="checkbox"/>	SRS AREA OFFICE	<input type="checkbox"/>	MANAGED CARE ORGANIZATION
<input type="checkbox"/>	SOCIAL AGENCY / COMMUNITY AGENCY	<input type="checkbox"/>	PAROLE
<input type="checkbox"/>	STATE MENTAL RETARDATION HOSPITAL	<input type="checkbox"/>	COMMUNITY CORRECTIONS
<input type="checkbox"/>	NURSING FACILITY	<input type="checkbox"/>	COMMUNITY SERVICE PROGRAMS
<input type="checkbox"/>	PRIVATE INTERMEDIATE CARE FACILITY – MENTAL RETARDATION (ICF-MR)	<input type="checkbox"/>	UNKNOWN OR OTHER
<input type="checkbox"/>	NURSING FACILITY FOR MENTAL HEALTH (NFMC)	<input type="checkbox"/>	PRIMARY CARE PHYSICIAN
<input type="checkbox"/>	COMMUNITY DEVELOPMENT	<input type="checkbox"/>	YOUTH RESIDENTIAL GROUP HOME
<input type="checkbox"/>	SRS VR DISABILITY DETERMINATION	<input type="checkbox"/>	FOSTER CARE PRIVATIZATION CONTRACT
<input type="checkbox"/>	VETERAN'S ADMINISTRATION (VA) HOSPITAL	<input type="checkbox"/>	ADOPTION PRIVATIZATION
<input type="checkbox"/>	STATE EMPLOYEE ASSISTANCE PROGRAM	<input type="checkbox"/>	JUVENILE JUSTICE AUTHORITY
<input type="checkbox"/>	COLLEGE / SCHOOL: INCLUDES SAP		

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<b>CLIENT'S HIGHEST LEVEL OF EDUCATION</b>	
<input type="checkbox"/>	NONE (NO FORMAL EDUCATION)
<input type="checkbox"/>	PRESCHOOL
<input type="checkbox"/>	KINDERGARTEN
<input type="checkbox"/>	FIRST GRADE
<input type="checkbox"/>	SECOND GRADE
<input type="checkbox"/>	THIRD GRADE
<input type="checkbox"/>	FOURTH GRADE
<input type="checkbox"/>	FIFTH GRADE
<input type="checkbox"/>	SIXTH GRADE
<input type="checkbox"/>	SEVENTH GRADE
<input type="checkbox"/>	EIGHTH GRADE
<input type="checkbox"/>	NINTH GRADE
<input type="checkbox"/>	TENTH GRADE
<input type="checkbox"/>	ELEVENTH GRADE
<input type="checkbox"/>	TWELFTH GRADE
<input type="checkbox"/>	ONE YEAR OF COLLEGE
<input type="checkbox"/>	ASSOCIATE'S DEGREE
<input type="checkbox"/>	THREE YEARS OF COLLEGE
<input type="checkbox"/>	BACHELOR'S DEGREE
<input type="checkbox"/>	GRADUATE WORK (NO DEGREE)
<input type="checkbox"/>	MASTER'S DEGREE
<input type="checkbox"/>	DOCTORATE DEGREE
<input type="checkbox"/>	SPECIAL EDUCATION UNGRADED
<input type="checkbox"/>	GED
<input type="checkbox"/>	VOCATIONAL TRAINING BEYOND HIGH SCHOOL
<input type="checkbox"/>	FOUR YEARS OF COLLEGE (NO DEGREE)
<input type="checkbox"/>	MD
<input type="checkbox"/>	UNKNOWN

<b>MARITAL STATUS</b>	
<input type="checkbox"/>	NEVER MARRIED
<input type="checkbox"/>	MARRIED
<input type="checkbox"/>	DIVORCED
<input type="checkbox"/>	SEPARATED
<input type="checkbox"/>	WIDOW/WIDOWER
<input type="checkbox"/>	COMMON LAW

<b>RACE / ETHNICITY (CHOOSE ALL THAT APPLY)</b>	
<input type="checkbox"/>	AMERICAN INDIAN OR ALASKA NATIVE
<input type="checkbox"/>	ASIAN
<input type="checkbox"/>	BLACK OR AFRICAN AMERICAN
<input type="checkbox"/>	HISPANIC OR LATINO
<input type="checkbox"/>	NATIVE HAWAIIAN / PACIFIC ISLANDER
<input type="checkbox"/>	WHITE
<input type="checkbox"/>	OTHER/UNKNOWN

<input type="checkbox"/>	MALE	<input type="checkbox"/>	FEMALE
<input type="checkbox"/>	TRANSGENDER MALE TO FEMALE		
<input type="checkbox"/>	TRANSGENDER FEMALE TO MALE		