ABC's & for Success, LLC
Community Behavioral Health Center
Insight 4 Success
Non-Profit Organization

DEMOGRAPHIC FACE SHEET

Client's Information:

Name: ____ Date: _______________

SS#: _____________ Date of Birth: ______________ Marital Status: _______________

Preferred Language: __________________ Gender: _______________

Home Address: ________________________________

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Email address: _________________________________

Home#: ________________ Work#: ___________________ Cell#: ___________________

If client is a minor:

Legal Guardians name: ____________________________

Relationship to client: _____________________________

Parents Marital Status: __________________________________

Referred by: ____________________

Presenting Problem (Briefly Describe): ____

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Briefly describe any Mental Health History and symptoms: ____________________________

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____

Psychotropic Medications: __ No __ Yes *(if Yes, List):*

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Primary Care Physician Name: _____________________________________

Telephone Number: ________________ Address: _________________________________

Psychiatrist Name: ____

Telephone Number: ________________ Address: _________________________________

Primary Insurance Information

Policyholder Name: _________________ Date of Birth: ________________

SS#______________________________

Insurance Name_______________________________

Policy#_________________________________ Group#____________________________

Relationship to Policyholder: Self______ Spouse_______ Child_______ Other______________

Employer Name ____

Address ____________________________ City________________ State____ Zip _________

Secondary Insurance? __ No __ Yes

If yes, please provide copy of insurance card and Information:

Policyholder Name: _________________ Date of Birth: ________________

Insurance Name_______________________________

Policy#_________________________________ Group#____________________________

Name of emergency contact_________________________ Phone _______________________

Relationship____________________________________

Completed by: ____