

POWESHIEK COUNTY MENTAL HEALTH CENTER CONSUMER INFORMATION

Personal Information:

Date _____
Last Name _____ First Name _____ MI _____
Sex _____ Date of Birth _____ Social Security # _____
Year in College _____
Dorm Name or Street Address _____ Apt or College Box # _____
Local Phone Number () _____
Spouse or Domestic Partner's Name _____
Citizenship: (US? _____ Other (please specify _____))

Ethnicity (Circle Choice):
White/Caucasian
African American
Hispanic
American Indian
Asian/Pacific Islander
Mixed/Unknown
Other

Living Arrangement

1. Live in College dorm
2. Live with friend(s)
3. Live alone
4. Live with relative(s)
5. Other (please specify _____)

Employment Status

1. Fulltime
2. Part time
3. Not employed

Who referred you here (include self)? _____
Why? _____

Family Information:

Father's Name _____ DOB _____
Address _____ City _____ State/Zip _____ Phone _____
Employer _____ Work Phone _____
Mother's Name _____ DOB _____
Address _____ City _____ State/Zip _____ Phone _____
Employer _____ Work Phone _____

Annual Household Income

- (for statistics only)
1. \$0 - 10,000
 2. \$10,000 - 20,000
 3. \$20,000 - 30,000
 4. \$30,000 - 40,000
 5. Over \$40,000

Siblings

Birth Dates

Living at Home?

Other people living in the home? (state relationship to self) _____

Medical Information:

Have you ever been seen before by a mental health professional? _____

If yes:

When _____ Where _____ By Whom _____

Current Medications (Prescription and over-the-counter) _____

Drug allergies/sensitivities _____

Food reactions _____

Physical Health Problems _____

Local Physician _____ Phone _____

Pharmacy _____ Phone _____

Insurance/Billing Information:

Insured's Name _____ Date of Birth _____

Address _____ City _____ State _____ Phone _____

Relationship to self (self/spouse/parent/other) _____ Sex: ___ Male ___ Female

Social Security Number _____ Employer _____

*Primary Insurance _____

Insurance Number _____ Group # _____

*Secondary Insurance _____

Insurance Number _____ Group # _____

Person responsible for the bill:

Name _____ Phone _____

Address _____ City _____ State _____

Person to contact in case of Emergency:

Name _____ Relationship _____ Phone _____

Address _____ City _____ State _____

Signed _____ **Date** _____