



DESCRIBE ANY DISABILITIES/ILLNESSES (PHYSICAL LIMITATIONS, DIABETES, LIVER PROBLEMS, ETC.):	COLOR EYES	HEIGHT	WEIGHT
ESTIMATED FAMILY SALARY (INCLUDE UNMARRIED PARTNER)	HIGHEST GRADE IN SCHOOL	VETERAN? ( ) YES ( ) NO	USE TOBACCO PRODUCTS?
Do you think that alcohol is harmful to your health? ( ) YES ( ) NO (Explain:_____)			
Do you think that tobacco is harmful to your health? ( ) YES ( ) NO (Explain:_____)			
Do you think that drugs are harmful to your health? ( ) YES ( ) NO (Explain:_____)			

HAS PATIENT EVER HAD APPOINTMENT AT HOUSE OF FREEDOM BEFORE TODAY? ( ) YES ( ) NO			
DESCRIBE THE REASON(S) WHY TREATMENT IS NEEDED AT THIS TIME:			
FAMILY MEMBER IN CHARGE			DATE
SS#	DOB	AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS		HOME PHONE ( )	
CITY, STATE & ZIP CODE		WORK PHONE ( )	
EMPLOYER		OCCUPATION	
EMPLOYER ADDRESS		CITY, STATE, ZIP	
PLACE OF BIRTH		BIRTH NAME (IF DIFFERENT THAN ABOVE)	
LIVES WITH		MARITAL STATUS ( ) SEPARATED ( ) MARRIED ( ) SINGLE ( ) DIVORCED ( ) WIDOWED	
EMERGENCY/GUARDIAN REPRESENTATIVE CONTACT		RELATIONSHIP TO CLIENT	
ADDRESS		PHONE ( )	
PHOTO ID TYPE & NUMBER	COLOR EYES	HEIGHT	WEIGHT
ESTIMATED FAMILY SALARY (INCLUDE UNMARRIED PARTNER)	HIGHEST GRADE IN SCHOOL	VETERAN?	USE TOBACCO PRODUCTS?

Do you think that alcohol is harmful to your health? ( ) YES ( ) NO (Explain:\_\_\_\_\_)

Do you think that tobacco is harmful to your health? ( ) YES ( ) NO (Explain:\_\_\_\_\_)

Do you think that drugs are harmful to your health? ( ) YES ( ) NO (Explain:\_\_\_\_\_)

HAS CLIENT EVER HAD APPOINTMENT AT HOUSE OF FREEDOM BEFORE TODAY? ( ) YES  
( ) NO

PRESENTING PROBLEMS/SERVICES REQUESTED (REASON TREATMENT NEEDED)

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