Admission Information for New Consumer

Full Name: *Last* *First* *Middle*			SS#: – –	Age:
Date of Birth:	Gender: ❑M or ❑F	If under age 18, parent/guardian:		Any Custody/Guardian issues?
Street Address:		City:	County: State:	Zip:
Home Phone #:		Work Phone#:		Cell Phone #:
Communication Preference: ❑Cell Phone ❑Home Phone ❑Work Phone ❑US Mail ❑Do Not Contact			Primary Language:	
Race: ❑Caucasian/White ❑African American ❑Native American ❑Asian ❑Hispanic ❑Bi-racial				Ethnic Origin:
Marital Status: ❑Single ❑Married ❑Divorced ❑Widow ❑Co-habitating ❑Separated			Highest Level of Education:	Years
Employment Status: ❑Work Full-time ❑Work ❑Laid-Off ❑Student ❑Retired ❑Homemaker ❑Legally Disabled				Occupation:
Housing: ❑Own/Buying ❑Rent ❑Live with Family ❑Live in Shelter ❑Other:				Number in house (household size):

Do you smoke? ❑No ❑Yes If yes: ❑Current every day smoker ❑Current some day smoker ❑Current status unknown ❑Former smoker ❑Never smoked ❑Smoker ❑Unknown if ever smoked	Insurance Information: Medical Card ❑Yes ❑No Medicare? ❑Yes ❑No Private Insurance? ❑Yes ❑No Name of Insurance: _____
Any military Service: ❑No ❑Yes What branch of service?	Card holder's Name: _____ Card holder's date of birth:_____ Card holder's SS#: – –
Is your visit related to an automobile accident? ❑Yes ❑No	Is your visit related to a Worker's Compensation Issue? ❑Yes ❑No
Person to contact in case of emergency:	Relationship: Phone #:
Parent/Guardian Information: Name: _____ SS#: ____–____–_____ Date of Birth: _____ Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____	Foster Parent Information: Name: _____ SS#: ____–____–_____ Date of Birth: _____ Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Primary Care Provider(s) (outside providers):	Legal Status:
Have you ever received Pathways services before? ❑No ❑Yes If yes, What year:	What county:
Household income: $ ❑Monthly ❑Annually	Source of Income:
Who referred you to Pathways?	Pharmacy of Choice:
Allergies to medications:	Other allergies

Comments: _____
_____

_____ _____
Staff Completing Form Date