



# North Central Health Care

Person centered. Outcome focused.

## FACESHEET

Date: \_\_\_\_\_

LEGAL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ SECONDARY PHONE: \_\_\_\_\_ SSN: \_\_\_\_\_

BIRTH SEX: F M

ADMIN SEX (Identify as): F M

PREFERRED NAME/OTHER NAMES: \_\_\_\_\_

PREVIOUS CONTACT (Circle one): YES NO IF YES, WITH WHOM: \_\_\_\_\_

PERSON TO CONTACT IN CASE OF EMERGENCY (Circle one): Spouse, Significant Other, Parent, Guardian, Other

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

COURT ORDERED: YES NO

PREFERRED LANGUAGE: \_\_\_\_\_

COMMUNICATION METHOD (Circle one): Phone, Text, Letter

### CIRCLE WHICH APPLIES

#### MARITAL STATUS

Cohabiting  
Divorced  
Married  
Separated  
Single  
Widowed

#### ETHNIC ORIGIN

Client declined to provide  
Hispanic or Latino  
Not Hispanic or Latino

#### INTERPRETER/TRANSLATER

Required	Yes	No
Handicap	Yes	No
Military Service	Yes	No
Branch	_____	

EDUCATION: Years of education completed (up to 12<sup>th</sup> grade) \_\_\_\_\_

(Circle One)

High School Graduate	GED Certificate	Vocational/Tech Graduate	Some Vocational/Tech
Bachelor's Degree	Master's Degree	Doctorate	Some College
Other: _____			

ENROLLED: YES NO

#### LIVING ARRANGEMENTS (Circle which applies):

With both parents	Dependent Children	Adult family home
With Father	With Friend	Halfway house
With Mother	Alone	Nursing Home
With spouse	Jail/Corrections	Group Home
Signature other	Foster care	Other: _____

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

[www.norcen.org](http://www.norcen.org)



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LEGAL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_

PHARMACY NAME/LOCATION: \_\_\_\_\_

IF CLIENT IS A CHILD, PLEASE PROVIDE:

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

HAVE YOU BEEN SEEN IN ANOTHER OUTPATIENT FACILITY THIS CALENDAR YEAR: YES NO

IF YES, WHERE

(Name/Location): \_\_\_\_\_

I HAVE RECEIVED THE RIGHTS AND GRIEVANCE BROCHURE, MY CLIENT RIGHTS. I HAVE RECEIVED MY 'PRIVACY PRACTICES' BROCHURE.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF

CLIENT: \_\_\_\_\_ DATE: \_\_\_\_\_