

UNIFIED COMMUNITY SERVICES

Today's Date _____

CLIENT INFORMATION

New _____ Readmit _____ Update _____

Legal Name _____
(First, Middle, Last)

Maiden Name _____ Previous Married Names, Alias, etc. _____

Address _____
Street City State Zip Code

County of Residence _____ DOB _____ Sex _____ SS# _____

Home Phone: _____

Cell Phone: _____ I request text appointment reminders Yes* No

*Mobile Provider: _____

Email Addr: _____ I request email appointment reminders Yes No

Race: (Circle all that apply) White Black/African American Asian
American Indian/Alaskan Native Pacific Islander/Native Hawaiian

Hispanic or Latino culture or origin: Yes No

Marital Status (Circle one) Married Single Widowed Divorced Separated Legally Separated

Disability (Circle all that apply) Not disabled Physically Disabled Mentally Disabled

FAMILY INFORMATION/EMERGENCY CONTACT

Spouse, Parent(s), Legal Guardian or Next of Kin

Name Relationship Phone Number

Street City State Zip Code

REFERRAL INFORMATION

Who referred you to Unified Community Services?

(Spouse, Friend, Physician, Court, Teacher, Employer, Etc)

MEDICAL INFORMATION

Family Physician _____
Physician Name Clinic Name City State

Pharmacy _____
Pharmacy Name City State Phone Number

Power of Attorney for Health Care _____
Name

Address _____
Phone Number

Activated? (Circle One): No Yes Date (if yes): _____

INSURANCE INFORMATION

Company Name: _____

Policy Holder: _____ DOB: _____

Policyholder's Employer _____

Subscriber ID No: _____ Group Number: _____

Medical Assistance # _____ Medicare # _____