KEYSTONE CENTER

INTAKE DATA COLLECTION REPORT

DATE: ____________ TIME: ___________ RECEIVED BY: _________________ CALL LENGTH: __________________

REFERRAL SOURCE: _____________________________ PHONE #: _______________________________________

SECONDARY REFERRAL: _____________________________ PHONE #: _______________________________________

PATIENT NAME: ____ AGE: __________ MALE / FEMALE MAIDEN NAME _____________________

DOB: __________________SS#:_________________________

ADDRESS: _______________________________________ CITY: ____________________________ PA / ZIP CODE: ____________________

PHONE # : ____________________________ WORK _____________________ OTHER____________________

MARITAL STATUS: _______
RACE : _______
RELIGION: _______

EMERGENCY CONTACT: ________________________________ # __________________________

INSURANCE INFORMATION

INSURANCE COMPANY: _______________________________ ID # :_____________________________ GROUP # : ___________________

INSURANCE PHONE NUMBERS: BENEFITS________________________PRECERT____________________VA BENEFITS: Y N
MEDICARE: Y N

PRESENTING PROBLEM: ____
____
____

DRUGS OF CHOICE	AMOUNT / FREQUENCY	LAST USE

PRIOR D&A TREATMENT : ____

PSYCHIATRIC DIAGNOSIS: ____

PRIOR PSYCHIATRIC TREATMENT:____

CURENT MEDICATIONS	DOSE & FREQUENCY	COMPLIANT	SIDE EFFECTS

MEDICAL/SURGICAL HISTORY:____
____
____

PREGNANT: Y N N/A
PRENATAL CARE : Y N LAST VISIT: ________________
PERINATAL CARE: Y N

ALLERGIES:

SEIZURE HISTORY:	YES	NO
AMBULATORY:	YES	NO
LANGUAGE BARRIES:	YES	NO
LITERATE:	YES	NO
HANDICAP	YES	NO

***** RISK FACTORS ****

SUICIDALITY	YES	NO
HOMICIDALITY/ASSAULT	YES	NO
ELOPEMENT/AMA	YES	NO
SEXUAL ACTING OUT	YES	NO
FALLS	YES	NO
MEDICAL	YES	NO

SPECIAL CONSIDERATIONS

Legal
DHS/CYS — Woman with Children
Handicap — Pregnant
ICM — Pregnant IVDA
Other

FIANACIAL:

APPROVED BY:
LOC:
DAYS:

HOW DID YOU HEAR ABOUT KEYSTONE?

Insurance Company	Alumni
Phone Book	12 Step Meeting
Web Site	Other Facility
Former Client	Other_______________

APPT. DATE: _____________________
TIME: _____________________
STAFF: _____________________
NO SHOW: _____________________
FOLLOW-UP: _____________________