



# PCH Patient Demographic Information

Apply Patient Label

**Patient Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Gender (please circle):** Male Female Trans      **Primary Care Doctor** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Work** \_\_\_\_\_

**Email** \_\_\_\_\_ **SS #** \_\_\_\_\_

**Marital Status (please circle):** S M Div Sep      **Primary Language** \_\_\_\_\_

**Race (please circle):** Cauc African Amer Asian Native Amer Other      **Ethnicity (please circle):** Hispanic Non-Hispanic

**Do you have insurance (please circle):** Yes No      **If yes, current insurance** \_\_\_\_\_

**Legal Guardian of Patient** \_\_\_\_\_ **Relationship to Patient** \_\_\_\_\_

**Legal Guardian Date of Birth** \_\_\_\_\_ **Household Monthly Income** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_ **Emergency Contact Phone** \_\_\_\_\_

**Emergency Contact Relationship to Patient** \_\_\_\_\_ **# of People in Household** \_\_\_\_\_

**May we communicate with you by text (i.e. appointment reminders)? (please circle):** Yes No

**Housing Situation (please circle):** Shelter Transitional Doubling up Street Other      **Veteran of US military:** Yes No

**Preferred Pharmacy Name:** \_\_\_\_\_ **Pharmacy Address:** \_\_\_\_\_

**\*\*Please contact (602) 933-9339 Option 0 for any questions regarding the Condition of Admission or any patient paperwork.\*\***



## Pre-Screening Questions

Abuse/Trafficking History

History of Physical and Verbal Aggression

History of Perpetrating

History of Bipolar Disorder (Particularly Mania), RAD, ODD/CD or Cognitive/Developmental Issues or TBI

History of Suicidal Ideations, Attempts, or Self-Harming Behaviors

History of Seizures or Diabetic Needs

History of Leaving Facilities AWOL

Recent Substance Use/Relapse and/or Withdrawal

## Legal History and PO Involvement

Is child on medications?

Is child stable on medications and/or will medications will be brought in at intake?

Will child attend school on SLUSA campus?

Group Home or Shelter Status

Consideration will be given to current stability of interactions with current residents and clinical and operational ability to effectively serve the child prior to accepting the referral.

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Printed Name of Client

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Client Signature

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Date

