



CLIENT ID: \_\_\_\_\_

## INSURANCE/EMPLOYMENT INFORMATION

*(Please fill in all information that pertains to you even if it does not apply)*

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Race/Ethnicity:** \_\_\_\_\_ **Sex/Gender:** \_\_\_\_\_

### Employment Status:

☐ Full time   ☐ Part time   ☐ Supported   ☐ Homemaker   ☐ Student   ☐ Retired

☐ Disabled/Not in Labor Force   ☐ Unemployed/Seeking employment

☐ Unemployed/Not seeking employment

**Are you a student?**   ☐ YES   ☐ NO   **Highest Grade Completed:** \_\_\_\_\_

**Monthly Gross Income for Household:** \$ \_\_\_\_\_

### Primary Source of Income:

☐ Legal Employment   ☐ Alimony/Child Support   ☐ Public Assistance (AFDC/Food stamps)

☐ Unemployment Benefits   ☐ Disability/Worker's Comp   ☐ Pension/Retirement Benefits

☐ Social Security   ☐ None   ☐ Other (please list source) \_\_\_\_\_

**Dependents relying on income:** (including self) \_\_\_\_\_

**Marital Status:**   ☐ Single(never married)   ☐ Married   ☐ Divorced   ☐ Separated   ☐ Widowed

**Can you claim Veteran Status:**   ☐ YES   ☐ NO

**Primary Insurance Name:** (Medicare, Medicaid, Commercial Insurance, etc.) \_\_\_\_\_

**Secondary Insurance Name:** \_\_\_\_\_

**Citizenship:**   ☐ US Citizen   **Birthplace:** \_\_\_\_\_

☐ Immigrant/Documented   ☐ Immigrant/Nondocumented

**Tobacco Use:**   ☐ Never used   ☐ Former smoker   ☐ Current some day smoker

☐ Current every day smoker   ☐ Use smokeless tobacco only (in last 30 days)

**Advance Directive:**   ☐ YES   ☐ NO

**Any arrests in the last 30 days?**   ☐ YES   ☐ NO   **If yes, how many?** \_\_\_\_\_

**Previous Mental Health:** (Psychiatric Hospital, General Hospital, Outpatient, Alcohol or Drug Program, etc.) \_\_\_\_\_

\_\_\_\_\_  
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