Today's Date: _____

PRELIMINARY CLIENT RECORD FORM (PCRF)

Client Information

(Please print and fill out completely)

For Office Use Only:

Staff # _____

Program: _____

Client Name: _____ Date of Birth _____

Last First Middle

Phone # ( ) _____ Is this your primary #? ☐ Yes ☐ No

☐ Home ☐ cell ☐ work Can we identify ourselves when we call? ☐ Yes ☐ No

Phone # ( ) _____ Is this your primary #? ☐ Yes ☐ No

☐ Home ☐ cell ☐ work Can we identify ourselves when we call? ☐ Yes ☐ No

Primary Email Address: _____

Street Address _____ City _____ State _____ Zip _____

Is it ok to send mail? Yes No

Mailing Address _____ City _____ State _____ Zip _____

Is it ok to send mail? Yes No

Gender Status (Circle One)	**Select Pronouns (Circle one, if applicable)**	**Gender Identity (Circle One)**	**Client's Race (Circle One)**
1. Male 2. Female **For Females only** Pregnant at Admission ☐ Yes ☐ No	1. He/Him/His 2. She/Her/Hers 3. They/Them/Theirs 4. Ze/Zir/Zirs **Preferred Name**: (the Name client prefers to be called) _____	1. Identifies as Male 2. Identifies as Female 3. Female to Male (FTM) Transgender Male 4. Male to Female (MTF).Transgender Female 5. Genderqueer, Neither exclusively male nor female 6. Additional gender category or other, please specify _____ 7. Choose not to disclose	1. White 2. Black 3. American Indian 4. Alaskan Native 5. Asian or pacific Islander 6. Other
Client's Ethnicity (Circle One)	**Marital Status (Circle One)**	**Client's Smoking Status (Circle One)**	**Expected Payment Source (Circle One)**
1. Puerto Rican 2. Mexican 3. Cuban 4. Other Hispanic 5. Not of Hispanic Origin	1. Currently Married 2. Widowed 3. Divorced 4. Separated 5. Never Married	1. Never Smoked 2. Former Smoker 3. Currently Smoker 4. Unknown	1. Self-Pay 2. Medicaid 3. Community Service 4. MCO _____ 5. Insurance _____ 6. Other _____ 7. Tricare

Primary Language: _____ Other Language: _____ Need Interpreter? _____

Social Security # _____ *Military Status:* ☐ *Yes* ☐ *No*

Referral Information

How did you hear about Sumter BHS?

☐ Friend ☐ Family ☐ Church ☐ Health Fair ☐ Billboard ☐ Newspaper ☐ Employer ☐ Radio

☐ TV Ad ☐ Community Organization ☐ Lawyer ☐ Internet ☐ School ☐ Voc Rehab

☐ DSS ☐ Legal System _____ ☐ Other _____

Employment Information

Employment Status: ☐ Full time ☐ Part time ☐ Unemployed but actively looking for work in past 30 days

☐ Layoff from job during most of the last 30 days ☐ Not in Labor Force ☐ Unknown

Occupation: _____ Job Title: _____ Days worked in the past 30 days? _____

If not in Labor Force: ☐ Student ☐ Homemaker ☐ Retired ☐ Disabled

☐ Inmate of Jail, Prison or Correctional Facility ☐ Institutional Care during last 30 days ☐ Other Reason

Educational Information

Education: Highest Grade Completed (circle one) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

☐ High School Graduate ☐ GED ☐ One (1) Year of College/University ☐ Two (2) Year of College /University

☐ Three (3) Year of College/University ☐ Bachelor's Degree ☐ Master's Degree ☐ Other_____

Are you presently enrolled in school? ☐ Yes ☐ No ☐ Enrolled full-time ☐ Enrolled part-time

Household Information

Annual Household Income _____

Number of People (including you) in household _____

Number of minors (under 18) in household _____

Principal Income Source:

☐ Wages/salary
☐ Public Assistance
☐ Retirement/Pension
☐ Disability
☐ Other
☐ None
☐ Unknown

Emergency Information

Emergency Contact _____
Last First Middle Subtitle Relationship to Client

Street Address _____

City _____ State _____ Zip Code _____ Phone # ( ) _____

Can we identify ourselves when we call? ☐ Yes ☐ No Is this your primary #? ☐ Yes ☐ No

For Adolescents only:

Guarantor's Name: _____

Relationship to client _____

Mailing Address: _____

Date of Birth: _____

Social Security Number: _____