



**EMERGENCY CONTACT Name and Phone Number**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Can leave voicemail? Y N

Does client live with you? Y N Can text message? Y N

**Household Information – Putnam County Residents ONLY**

Total monthly household income \$ \_\_\_\_\_

Financial assistance *may* be available for Putnam County Residents through grant monies from the ADAMHS Mental Health Board of Putnam County. If you feel you may need assistance, we can schedule an appointment with our Billing Department. You will be required to show proof of income.

Number of persons living in the household: \_\_\_\_\_

**Veteran Status**

- Active
- AWOL
- Dishonorably Discharged
- Honorably Discharged
- Medical Discharge
- None
- Retired

**Insurance Information**

I currently have (check all that apply and provide card at initial appointment):

- Medicaid  Private Insurance
- Medicare  No Insurance

**What brought you to seek treatment at Pathways?**

\_\_\_\_\_  
 \_\_\_\_\_

Treatment in Lieu:  Yes  No

**Household Members (other than yourself)**

Child's date of birth or start date of living together

Name: _____	Relationship: _____	Date: _____
Name: _____	Relationship: _____	Date: _____
Name: _____	Relationship: _____	Date: _____
Name: _____	Relationship: _____	Date: _____
Name: _____	Relationship: _____	Date: _____
Name: _____	Relationship: _____	Date: _____

**Height and Weight**

Height:	If a client is a child, has their height changed considerably in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by how much?
Weight:	Has the client's weight changed considerably in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much (plus or minus)?



