

CARELOGIC POINT OF ENTRY – PAPER COPY

CLIENT DEMOGRAPHICS:

Admit to Organization: Muskingum Behavioral Health

*Call/Contact Date:

Client Number:

CONTACT INFORMATION:

Phone 1:

Type:

Number:

Is this their Primary Number?

Ok to ID?

Additional Notes?

Phone 2:

Type:

Number:

Is this their Primary Number?

Ok to ID?

Additional Notes?

Phone 3:

Type:

Number:

Is this their Primary Number?

Ok to ID?

Additional Notes?

GENERAL CALLING NOTES FOR ANY/ALL PHONES:

CLIENT ADDRESSES:

PHYSICAL ADDRESS

Street:

APT/Suite:

City:

State:

ZIP Code:

County:

OK to Send Mail?

Are Physical and Mailing Address the Same?

MAILING ADDRESS

Street:

APT/Suite:

City:

State:

ZIP Code:

County:

OK to Send Mail?

CLIENT INFORMATION:

Birthdate:

Gender:

Race:

Ethnicity:

Living Status:

Marital Status:

Tobacco Use:

CLIENT INFORMATION (continued):

Smoking Status:

Preferred Language:

Other Language:

Needs Interpreter?

Military Status

Social Security Number:

If not Social Security Number, explain:

Referral Source:

EMPLOYMENT INFORMATION:

Employment Status:

Occupation Information:

Job Title:

Days worked in the past 30 Days:

Not in Labor Force Detail:

EDUCATION INFORMATION:

Highest Education Achieved:

Comments:

Education Type:

MH Education Type

Enrolled in Vocational Training?

HOUSEHOLD INFORMATION:

Annual Household Income:

Number of Individuals living in Household:

Number of Individuals under 18 living in Household:

Source(s) of income:

Primary Source?

GUARANTOR INFORMATION:

Begin Date:

End Date:

Legal Guardian for this Client?

Emergency Contact for this Client?

Contact for Appointment for this Client?

Receive Statements:

Self-Pay?

Type – Person or Organization?

Name:

Guarantor Relationship to client:

Social Security Number:

Birth Date:

Gender:

If different from client, list guarantor address:

Phone 1:

Type:

Number:

Is this their Primary Number?

Ok to ID?

Additional Notes?

Phone 2:

Type:

Number:

Is this their Primary Number?

Ok to ID?

Additional Notes?

Comments about Phone numbers:

Guarantor's Employer and address:

CLIENT PAYER(S):

Primary Payer

Begin Date:

End Date:

Payer Name:

Copay / Client Responsibility:

Verification Permission:

Needs Authorization:

Policy Subscriber:

ID Number:

Secondary Payer

Begin Date:

End Date:

Payer Name:

Copay / Client Responsibility:

Verification Permission:

Needs Authorization:

Policy Subscriber:

ID Number:

Tertiary Payer

Begin Date:

End Date:

Payer Name:

Copay / Client Responsibility:

Verification Permission:

Needs Authorization:

Policy Subscriber:

ID Number:

ASSESSMENT SCHEDULING:

Program client placed in:

Preferred Method for Patient Reminders:

Client is scheduled for an assessment (or fill out appt reminder card below) –

On (Date):

With (Counselor):

At (Time):

Muskingum Behavioral Health

740-454-1266



Appointment

Name: _____

Date: _____ Time: _____

Location: _____

If you are unable to keep your appointment, please contact us as soon as possible.