CARELOGIC POINT OF ENTRY - PAPER COPY

CLIENT DEMOGRAPHICS:

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:		

Admit to Organization: Muskingum Behavioral Health

*Call/Contact Date:

CLIENT ADDRESSES:

PHYSICAL ADDRESS

Street:		
APT/Suite:		
City:		
State:		
ZIP Code:		
County:		
OK to Send Mail?		
Are Physical and Mailing Address the Same?		
<u>MAILING</u> 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):

Preferred Language:		
Other Language:		
Needs Interpreter?		
Military Status		
Social Security Number:		
f 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:		

Smoking Status:

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:

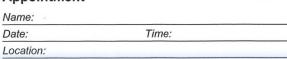
ID Number:	
ASSESSMENT	SCHEDULING:
Program client placed in:	
Preferred Method for Patient Reminders:	
Client is scheduled for an assessment (or fill ou	ıt appt reminder card below) –
On (Date):	
With (Counselor):	

Muskingum Behavioral Health

At (Time):

740-454-1266





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