

Behavioral Healthcare Partners of Central Ohio, Inc.

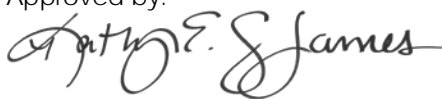
First Visit Demographics

Please take a moment to answer the following questions:

<b>Name</b>		<b>Date of First Contact (mm/dd/yyyy):</b>	<b>Date of Admission (mm/dd/yyyy):</b>
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Need Interpreter:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Smoking Status:</b> <input type="checkbox"/> Former Smoker <input type="checkbox"/> Current Every Day Smoker <input type="checkbox"/> Current Occasional Smoker <input type="checkbox"/> Never Smoked <input type="checkbox"/> Uses Tobacco Products <input type="checkbox"/> Unknown
<b>Marital Status:</b> <input type="checkbox"/> Divorced <input type="checkbox"/> Married (Living together as married) <input type="checkbox"/> Separated <input type="checkbox"/> Single (Never married) <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown		<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Declined	
<b>Current Educational Enrollment:</b> <input type="checkbox"/> Pre-School <input type="checkbox"/> K-12 <sup>th</sup> Grade <input type="checkbox"/> GED Classes <input type="checkbox"/> College <input type="checkbox"/> Other Schooling-e.g. Adult Basic Ed, Literacy <input type="checkbox"/> Vocation/Job Training <input type="checkbox"/> Has not attended school at any time during last 3 months <input type="checkbox"/> None		<b>Highest Education Level Completed:</b> <input type="checkbox"/> < 1 <sup>st</sup> Grade <input type="checkbox"/> 1 <sup>st</sup> Grade <input type="checkbox"/> 2 <sup>nd</sup> Grade <input type="checkbox"/> 3 <sup>rd</sup> Grade <input type="checkbox"/> 4 <sup>th</sup> Grade <input type="checkbox"/> 5 <sup>th</sup> Grade <input type="checkbox"/> 6 <sup>th</sup> Grade <input type="checkbox"/> 7 <sup>th</sup> Grade <input type="checkbox"/> 8 <sup>th</sup> Grade <input type="checkbox"/> 9 <sup>th</sup> Grade <input type="checkbox"/> 10 <sup>th</sup> Grade <input type="checkbox"/> 11 <sup>th</sup> Grade <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Technical School	
<b>Education Type (If K-12 Selected):</b> <input type="checkbox"/> Has Individual Education Plan (IEP) <input type="checkbox"/> Does not have Ind. Education Plan (IEP) <input type="checkbox"/> Unknown		<input type="checkbox"/> Some College <input type="checkbox"/> 2 Yr. College/Assoc. Degree <input type="checkbox"/> 4 Yr. College/Assoc. Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Unknown	
<b>Referred By:</b> <input type="checkbox"/> Individual (self referral/family/friend) <input type="checkbox"/> AOD Care Provider <input type="checkbox"/> Mental Health Provider <input type="checkbox"/> Other Health Provider <input type="checkbox"/> School <input type="checkbox"/> Employer/EAP <input type="checkbox"/> Child Welfare (CDJFS, CSBS) <input type="checkbox"/> Ohio Family & Children First Council <input type="checkbox"/> Other Community Provider			
<input type="checkbox"/> State Psychiatric Hospital <input type="checkbox"/> State Prison <input type="checkbox"/> Jail <input type="checkbox"/> Courts/Other Criminal Justice <input type="checkbox"/> TASC: Courts/CJ – Felony <input type="checkbox"/> TASC: Courts/CJ – Juvenile <input type="checkbox"/> TASC: Courts/CJ – Municipal <input type="checkbox"/> Unknown			

<b>Living Arrangement at Admission:</b> <input type="checkbox"/> Private Residence – Adult <input type="checkbox"/> Private Residence – Child <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Residential Care/Group Home/ACF <input type="checkbox"/> Community Residence <input type="checkbox"/> Temporary Housing <input type="checkbox"/> Foster Care <input type="checkbox"/> DD Licensed/Operated Facility <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Homeless <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<b>Employment at Admission:</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Sheltered <input type="checkbox"/> Unemployed but actively looking for work <b>Not in Labor Force</b> <input type="checkbox"/> Disabled <input type="checkbox"/> Engaged in Residential/Hospitalization <input type="checkbox"/> Homemaker <input type="checkbox"/> Inmate in Jail/Prison/Corrections <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Volunteer Worker <input type="checkbox"/> Other Not in Labor Force <input type="checkbox"/> Unknown
<b>Client County of Residence:</b>	<b>Number of Children in Household under 18:</b>
<b>Military Status:</b> <input type="checkbox"/> Active <input type="checkbox"/> Discharged <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> None	
<b>Childbirth in the last 5 years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Lifetime Number of Births (live and still):</b>
<b>Are you currently pregnant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Stage of Pregnancy:</b> <input type="checkbox"/> 1 <sup>st</sup> Trimester <input type="checkbox"/> 2 <sup>nd</sup> Trimester <input type="checkbox"/> 3 <sup>rd</sup> Trimester <input type="checkbox"/> Unknown
<b>Primary Source of Income/Support:</b> <input type="checkbox"/> Disability (SSI/SSD,WC) <input type="checkbox"/> Family/Relative <input type="checkbox"/> Public Assistance <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Wages/Salary <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<b>Primary Reimbursement:</b> <input type="checkbox"/> Blue Cross <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> No Charge <input type="checkbox"/> Other Government Payments <input type="checkbox"/> Other Health Insurance Company <input type="checkbox"/> Other Payment Source <input type="checkbox"/> Self-Pay <input type="checkbox"/> Worker's Compensation
<b>Are you currently concerned about harming yourself?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are you currently concerned about harming someone else?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Origination: 09/19  
Effective: 09/18/19  
Approved by:



Kathryn E. St. James, President & CEO  
Behavioral Healthcare Partners of Central Ohio, Inc.

<b>FOR STAFF USE ONLY</b>  Entered in Credible on _____(date) by _____(staff name).
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