newvista

Intake Admission and Client Data Form

MR/ID# _____

First	Middle	Last

What is your preferred name?

Type of Admission: ☐ First Admission ☐ Re-Admission ☐ Same Day Open/Close

Office Use Only

Sex at Birth: ☐ Female ☐ Male Date of Birth: _____ Today's Date: _____

Social Security Number: _____ Did you receive a copy of Client Rights? ☐ Yes ☐ No

If 21 or younger, who currently has legal custody?

☐Not applicable ☐Parent/Guardian ☐Both DCBS and DJJ (Department for Community Based Services and Department of Juvenile Justice)
☐Only DCBS (Department of Community Based Services) ☐Only DJJ (Department of Juvenile Justice)

Do you have an Advanced Directive for Mental Health Treatment? ☐ Yes ☐ No ***If yes, please provide us with a copy.***

Address	City	State	Zip

Home Phone	Work Phone	Cell Phone

When is the best time to contact you? _____

What is your communication preference?

☐Email (for telehealth purposes only) Email address: _____
☐Home Phone ☐Work Phone ☐Cell Phone ☐Regular Mail ☐Do Not Contact

☐When do you prefer to be seen-morning, afternoon, certain days? _____

Marital Status: ☐ Co-Habitating ☐ Divorced ☐ Married ☐ Separated ☐ Single/Never Married ☐ Widowed

Hispanic Origin? ☐ Not of Hispanic Origin ☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Other Hispanic

Gender Identity:

☐ Female ☐ Male ☐ Genderqueer/Non-Binary ☐ Transman ☐ Transwoman ☐ Do not want to disclose
☐Questioning/Do not know ☐ Intersex (both male and female)

Sexual Orientation:

☐ Chose not to disclose ☐ Bi-sexual ☐ Lesbian or Gay ☐ Queer or Pansexual ☐ Questioning or Do not know ☐Straight or Heterosexual

Preferred Pronouns? ☐He/Him/His ☐She/Her/Hers ☐They/Them/Theirs ☐ Ze/Zir/Zirs ☐Other_____

Employment Status

☐ Full-Time ☐ Part-Time ☐ Laid off ☐ Looking for work/Available ☐ In armed forces ☐ Homemaker ☐ Student ☐ Retired
☐Inmate of Institution ☐Child ☐Disabled

Education, Highest grade completed in school?

☐ Preschool ☐ Kindergarten ☐ Grades 1-11 ☐ High School Graduate/GED ☐ 1 to 3 years of education beyond high school
☐ 4-year college degree ☐ 1-8 years of education beyond 4-year college degree
☐ more than 8 years of education beyond 4-year college degree

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What is your current living arrangement?

☐Homeless/Uninhabitable Dwelling ☐Mission/Shelter ☐Hotel/Motel ☐Other Staffed Residence ☐Alcohol/Drug Treatment Facility
☐Behavioral Health Residential Placement for Children/Youth ☐IDD Staffed Residence ☐IDD Group Home ☐IDD Adult Foster Care home
☐Living in parent/guardian's residence ☐Living in Own Residence ☐Living in own residence with parent/guardian ☐Boarding Home
☐Living in residence of a family member-other than parent/guardian ☐Living in residence of friend ☐Kin/Relative Placement
☐Foster Parent/Family home-non-relative ☐SNF Nursing Home ☐Personal Care Home ☐ICF/IDD Private Facility ☐ICF/IDD State Facility
☐Family Care Home ☐Foster Care ☐Jail/Prison (federal) ☐Jail/Prison (local/state) ☐Regional Juvenile Detention Ctr
☐Youth Development Ctr ☐State Psychiatric Hospital ☐Other Psychiatric Inpatient ☐Forensic Psychiatric Care
☐Medical Hospital (public or private) ☐Psychiatric Residential Treatment Facility for Children/Youth ☐ Crisis Residence ☐Other Inpatient
☐District Court ☐Health Dept. ☐Mental Health Court ☐ Private ☐Nursing Facility ☐State Nursing facility

What is your household yearly family income (before taxes)? _____

Number of individuals living in your household that depend on your income. _____

Military History: ☐Active Duty Deploy to Combat ☐ Active Duty Deploy to Non-Combat ☐ Active Duty No Deployment
☐ No Military Service ☐ Prior Duty Deploy to Combat ☐ Prior Duty Deploy to Non-Combat
☐ Prior Duty No Deployment

Military Service from Date: _____ to _____

Has anyone in your family been a member of the United States Military? ☐None/Not applicable ☐Spouse, married or unmarried partner
☐Parent or other parent/guardian figure ☐Child ☐Sibling ☐Grandparent ☐Other ☐2 or more close relations

Are you one of the following races (if multi-racial, you can select more than one race)?
☐ American Indian/Alaskan Native ☐ Native Hawaiian/Pacific Islander ☐ Asian (including Japanese Americans)
☐ White/Caucasian ☐ Black/African American

Do you have dependent children?
☐ Yes ☐ No

Are you now or have you been homeless in the last 12 months?
☐ Yes ☐ No

How were you referred to us? *Please mark 1 for your primary referral source and 2 for your secondary referral source.*

___ Self
___ Clergy
___ Family/Friend
___Self-help group
___ Employer
___ Health Department
___Child Care Provider
___ University/College
___ Voc. Rehabilitation
___ Physician
___General Hospital
____School/Family Resource Ctr
___Dept. of Juvenile Justice
___ Diversionary program
___ Drug Court
___ DUI
___Circuit or State Court
___Federal Court
___Probation/Parole
____Police
___District Court
___Mental Health Court
___ Recognized Legal Entity
____Other Criminal Justice
____DCBS
____Personal Care Home
____Social Services/State Guardian
____Community Mental Health Ctr
____Private Psychiatric clinic
____Private Psychiatrist
____Private APRN
___Private Therapist
___State Funded Psych Hospital
___Other Psychiatric Hospital
____Private Nursing Facility
____State Nursing Facility
____SUD Treatment Facility-Private
____ SUD Treatment Facility-State
____ ICF/IDD Facility-Private
____ICF/IDD Facility-State
____Other

Are you currently involved with DCBS?
☐ Yes ☐ No

Were you referred by a school: Yes ☐ No ☐ N/A If yes, which school_____

Do you receive SSI, SSDI or TANF?
☐ No, Receives None
☐ Yes, SSI Only
☐ Yes, SSDI Only
☐ Yes, TANF Only
☐ Yes, Both TANF and SSDI

Primary Source of Income
☐ Wages/Salary/Self-employed
☐ Public Assistance
☐ Retirement/Pension
☐ Disability
☐ Other Sources
☐ No Income/No Job/Unemployed

Have you ever had a head injury that resulted in being knocked out or kept in the hospital for at least one night? ☐Yes ☐No
Have you ever had a medical crisis that resulted in a brain injury? ☐Yes ☐No
How many times have you had a head injury that resulted in being knocked out or kept in the hospital for at least one night? _____

Are currently in an opiate replacement therapy program? ☐Yes ☐ No
Have you ever been an IV/IM drug user in your lifetime? ☐Yes ☐ No

Have you ever been a survivor of rape/sexual assault/sexual abuse in your lifetime? ☐Yes ☐No
Are you currently seeking treatment as a survivor of rape/sexual assault/sexual abuse? ☐Yes ☐No
Have you ever been a survivor of domestic abuse in your lifetime? ☐Yes ☐No
Are you currently seeking treatment as a survivor of domestic abuse? ☐Yes ☐No

Have you ever been a perpetrator of rape/sexual assault/sexual abuse in your lifetime? ☐Yes ☐No
Are you currently seeking treatment as a perpetrator of rape/sexual assault/sexual abuse? ☐Yes ☐No
Have you ever been a perpetrator of Domestic abuse in your lifetime? ☐Yes ☐No
Are you currently seeking treatment as a perpetrator of Domestic Violence? ☐Yes ☐No

Are you Blind or Sight impaired? ☐ Yes ☐ No

Are you currently under state guardianship? ☐Yes ☐No

For individuals between the ages of 15 and 30, have you recently begun to experience unusual thoughts or behaviors and/or hearing/seeing things that others do not? ☐Yes ☐No ☐Not Applicable

Do you have any allergies or hypersensitivities? ☐Yes. *If yes, please list below* ☐ No

Allergy or Hypersensitivity	What is your reaction?	Date allergy or hypersensitivity began

Emergency Contact Information

Please list an emergency contact name.

Name _____ Relationship _____

Home number _____ Work number _____

Parent/Guardian Contact Information

Parent/Legal Guardian Name (last, first) ***(required)***: _____

Parent/Legal Guardian Relationship to Client: _____

Parent/Legal Guardian Phone Number: _____

Parent/Legal Guardian Address: _____

Voter Registration

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

☐ Yes ☐ No ☐ No, I am already registered.

If yes, go to **https://vrsws.sos.ky.gov/ovrweb/** to complete your registration.