



**HEALTH INSURANCE INFORMATION**

PRIMARY HEALTH PLAN:

POLICY #

PHONE:

SECONDARY HEALTH PLAN:

POLICY #

PHONE:

PHARMACY ASSISTANCE #

OTHER:

**INCOME/ENTITLEMENTS**

SSI \$                      SSDI \$

WAGES \$            per

TEMHA \$            monthly

FOODSTAMPS \$            monthly

RAP \$            monthly

TRUST \$ monthly            OTHER:

Rep Payee:

Trustee:

Power of Attorney:

**CLINICAL**

**What are the presenting problems?**

**How can PLAN be of assistance?** What goals would you like to achieve? (general mental health counseling, entitlements, housing, treatment coordination, socialization, etc.)

5. Provide other services which are consistent with its practices and mission, are designed to help to deal\_\_\_\_\_ with his psychiatric symptoms more effectively, and which are approved by \_\_\_\_\_.

**Any current or history of suicidal behavior? Describe:**

**Any current or history of physical/verbal aggression? Describe:**

**Any current or history of substance abuse? Describe:**

**List all recent psychiatric hospitalizations (within last two years).** Include name of hospital, dates of admission, and reasons for admission:

**Any criminal/legal issues?** Describe and include probation/parole officer information:

**Describe behaviors and symptoms that indicate decompensation:**

**Additional information:**