



# **PLAN OF MD-DC, INC.**

604 S. Frederick Avenue, Gaithersburg, MD 20877  
(301) 301-740-8444 (301) 740-8455 fax

## **CLIENT INFORMATION FORM**

**DATE:**

**SPONSOR/RESPONSIBLE PARTY INFORMATION:**

NAME

ADDRESS:

PHONE NUMBER:

EMAIL:

RELATIONSHIP TO CLIENT:

HOW DID YOU HEAR ABOUT PLAN?

**CLIENT INFORMATION:**

CLIENT NAME:

SS#

DOB:

GENDER: m f

RACE:

HAIR COLOR:

EYE COLOR:

HEIGHT:

WEIGHT:

ADDRESS:

PHONE:

EMAIL:

MARITAL STATUS: single married separated divorced widowed

ADDITIONAL EMERGENCY CONTACT NAME:

RELATIONSHIP TO CLIENT:

PHONE:

ADDRESS:

**SIGNIFICANT MEDICAL & PSYCHIATRIC PROBLEMS:**

**CURRENT MEDICATIONS:**

**BLOOD TYPE:**

**ALLERGIES:**

**PRIMARY AND SECONDARY PSYCHIATRIC AND MEDICAL DIAGNOSES:**

<b>PHYSICIAN/THERAPIST NAMES</b>	<b>SPECIALTY</b>	<b>PHONE/ADDRESS</b>

<b>CURRENT DAY ACTIVITY OR EMPLOYMENT SITE</b>	
NAME:	PHONE:
ADDRESS:	

**HEALTH INSURANCE INFORMATION**

PRIMARY HEALTH PLAN:

POLICY #

PHONE:

SECONDARY HEALTH PLAN:

POLICY #

PHONE:

PHARMACY ASSISTANCE #

OTHER:

**INCOME/ENTITLEMENTS**

SSI \$

SSDI \$

WAGES \$ per \_\_\_\_\_

TEMHA \$ /month

FOODSTAMPS \$ /month

RAP \$ /month

TRUST \$ /monthly

OTHER:

Rep Payee:

Trustee:

Power of Attorney:

**What are the presenting problems?**

**How can PLAN be of assistance?**

**Please select all that apply:**

- Trust Services
- Mental Health Counseling
- Entitlements (public benefits, Social Security, etc.)
- Housing
- Treatment Coordination
- Socialization
- Other  Please describe below:

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

**No**

**Yes**  **Please describe below:**

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

No

Yes  Please describe below:

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

No

Yes  Please describe below:

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

**Any criminal/legal issues?**

No

Yes  **Please describe and include probation/parole officer information below:**

**Describe behaviors and symptoms which indicate instability:**

**Additional information:**