



Form with fields: Last Name, First Name, Middle Name

Form with fields: Date of Birth, Social Security #, Gender (Male, Female)

If female, are you pregnant? Yes No

Are you having thoughts to hurt yourself or others? Yes No

Select Race (circle below)

- African American/Black, Alaskan, Hawaiian/Pacific Islander, Multi: African/Black/White, Multi: Other, Native American, Asian, Caucasian/White, Multi: Asian/White, Multi: Native American/Black, Prefer not to say, Other

Select Hispanic ethnic origin (circle below)

- Cuban, Mexican, Puerto Rican, Other, Not Hispanic, Prefer not to say

Preferred Name – provide any other names you go by including maiden/married names and nicknames

Text input field for preferred name

Have you moved within last 90 days? Yes No If Yes, how many times?

Are you living with dependent children under the age of 18? Yes No

Type of Residence (circle 1 choice below)

- Arlington Jail, Boarding home, CSB residential, Foster/Family sponsor, Homeless, Homeless Shelter, Hospital, Juvenile detention, Nursing home, Other, Other care facility, Private residence, Residential treatment, Shelter, State Jail

Form with fields: Home address/APT Number, City, State, Zip Code, Best phone contact number, Okay to call Yes No, Leave message? Yes No



Department of Human Services

Behavioral Healthcare Division
2120 Washington Boulevard, Arlington, Virginia 22204

Marital Status (circle one below)

Divorced Married Never Married Separated
Widowed

Preferred Language (circle one below)

African Dialect Amharic Arabic Chinese
English Farsi/Persian/Dari Hindi Japanese
Korean Non-verbal Russian Sign Language
Spanish Tagalog Urdu Vietnamese

Other

Describe Other:

Do you have a legal representative or Guardian? Yes No

Legal representative Name

Relationship to legal representative (circle one below)

Child Court-appointed Friend Other relative
Parent Sibling Spouse

Other (describe)

Legal representative telephone number

Emergency Contact - Please provide contact information for individual to call in case of emergency

Name

Telephone (home)

(work)

(other)

Relationship to emergency contact (circle one below)

Child Court appointed Friend Other relative
Parent Sibling Spouse

Other (describe)

Emergency contact street address APT#

City

State

Zip Code



Primary Care Physician (PCP)

Do you have a Primary Care Physician? (circle one) Yes No

Do you authorize us to contact your Primary Care Physician? (circle one) Yes No

PCP name: PCP phone number:

Date of last physical: check here if estimated

Table with 3 columns: Past Medical History, Do you now or have you ever had (circle all that apply), and various medical conditions like Anemia, Asthma, Cancer, etc.

Current Medications

Drug allergies (circle one) Yes No To what?

Please list any medications that you are now taking. Include non-prescription medications & vitamins or supplements:

Name of drug Dose (include strength & number of pills per day) How long have you been taking this?

1.

2.

3.

4.

5.



Allergies to food, substances, environmental factors
Food allergies: (circle one) Yes No To what?
Substance allergies: (circle one) Yes No To what?
Environmental allergies: (circle one) Yes No To what?

Education

Highest grade of school completed (circle one below)

- Kindergarten Grade 1 Grade 2 Grade 3
Grade 4 Grade 5 Grade 6 Grade 7
Grade 8 Grade 9 Grade 10 Grade 11
Grade 12 College Freshman College Sophomore College Junior
College Senior Graduate/Professional Pre-School/HeadStart No schooling
Special Education Vocational School only Unknown

School Attendance Status – current (circle one below)

- N/A (over 18) No school in past 3 months Attended at least one day of school in past 3 months

Employment Status – current (circle one below)

- Full time (35+ hours week) Part time (less 35 hours week) Disabled Group/Support Enclave
Homemaker Individual Supported Individual Supported/Temp Unemployed/Not looking
Retired Sheltered Employment Sporadic employment Student
Unemployed Volunteer/pre-vocational Volunteer/not paid

Military Service (circle one below)

- Active Duty Reserve Duty Discharged Retired military
Dependent family Prefer not to say No military status National Guard

If served in military, enter year you started If served in military, enter year service ended