

ROSE STREET MENTAL HEALTH CARE
ADOLESCENT & KIDS DAY TREATMENT PROGRAM
Patient Information Sheet

Patient Name: _____ Sex: M F

Home School Campus: _____ Grade: _____ SS# of Patient: _____

Birthdate: _____ Age: _____ State where Patient was born: _____

Country of Residence: _____

Race: _____ Ethnicity: _____

Primary Language: _____

Special Needs: Wheelchair Interpreter, Other _____

Address : _____ City: _____ Zip: _____

Home Phone: _____ Cell# _____ Carrier: _____

Preference for Communication: Call Email Mail

Email Address (if Circle): _____

Person with whom patient lives: _____ SS# _____

Bio Mother's Name: _____ Living: Yes No

Mother's Date of Birth: _____ Mother's Maiden Name: _____

Place of employment: _____ Work Phone: _____

Step Mother's Name: _____ Place of employment: _____

Bio. Father's Name _____ Living: Yes No

Father's SS#: _____ DOB: _____ Father's occupation: _____

Step Father's Name: _____ Place of employment: _____

Emergency Contact: (1) _____ Relation to pt: _____

Phone # _____

Emergency Contact: (2) _____ Relation to pt: _____

Phone # _____

DO NOT COMPLETE BELOW:

Height: _____ Weight: _____ BP: _____

Patient Information

Name: _____

Address: _____ Phone: _____

_____ Email: _____

PLEASE CIRCLE ONE: current smoker former smoker never a smoker

Marital status: married divorced widowed single

Please check if there is a **DIAGNOSED** history within your close family (mother, father, brother, sister, son or daughter) of any of the following. If there is a positive history, please specify which family member(s).

- Anorexia/Bulimia/Eating disorder _____
- Anxiety disorder _____
- Autism _____
- Bipolar _____
- Dementia/Amnesia _____
- Depression _____
- Attention Deficit Disorder _____
- Drug Abuse/Dependence _____
- Hypochondria _____
- Multiple Personality Disorder _____
- Narcolepsy _____
- OCD _____
- PTSD _____
- Schizophrenia/Psychotic Disorder _____
- Other mental health issue _____

_____ **FOR OFFICE USE ONLY** _____

Drug Allergies: _____

Blood Pressure _____ / _____ pulse _____ height _____ weight _____