Transitional Family Services, a subsidiary of Pathways

Consumer Information

Personal Information

Full Name: ____
Last First M.I.

Address: ____
Street Address Apartment/Lot #

____
City State ZIP Code

Home Phone: ______________________ **Alternate Phone**: ______________________

Email ____

Social Security #____________________________ **Insurance ID #**____________________________

Sex: [] Male [] Female **Birth date:** ______________________________

Where was the consumer born: ____

Demographic Information

Race: [] African-American [] American Indian [] Asian [] Caucasian [] Multi-Racial [] Native Hawaiian/Other Pacific Islander

Is the consumer lawfully present in the United States? [] Yes [] No []n/a if under 18

Ethnicity: [] Hispanic/Latino Origin [] Not Hispanic/Latino Origin **Religious Preference:**_______________

English Proficiency: [] English (primary language) [] Spanish (primary language) [] Other________________________

Living Situation: [] Private Residence (Apartment/house) [] With Relative/Support [] Foster Home [] Group Home

[] Jail/Correctional Facility [] PRTF [] Homeless

Number of People in the Household:____ **Number of People Under 18:**____

Individual Income:____________ **Source of Income:**____________________________

Household Income:____________ **Source of income:**____________________________

Employment Status: [] Unemployed [] Disabled []Part- Time [] Full time

[] Student (school, if applicable____)

Highest Grade Completed:__________ **Marital Status:**___________________

Other family members or significant others in the home:

Name	Living in the Home?	Relationship to Consumer	Age	Contact Number	Home, Cell, Work

Please list any other family members in your home that you would like to receive services:

Name	Relationship to Consumer	Age	Contact Number	Insurance

Emergency Contact(s):Name:____**Number:**_______________________
Is it okay to leave a message with the Emergency Contact in emergency situation? ☐ Yes ☐ No

Is consumer lawfully present in the United States?
☐ Yes ☐ No ☐ N/A (consumer under age 18)

Who is the primary caregiver (responsible for care of the consumer)?

☐ Self
☐ Foster Parent(s)
☐ Other Relative
☐ Other _____________________
☐ Child Caring Institution
☐ Spouse/Domestic Partner
☐ Friend
☐ Parent(s)
☐ Grandparent(s)
☐ DJJ Facility

Justice System Involvement (within past year, regardless of outcome): [] yes; # of arrests (past 30days)_____ [] no

In the past 30 days, have you been in either of the following? [] jail/prison [] inpatient for alcohol drugs [] inpatient medical [] inpatient psychiatric

Do you have current involvement with either of the following? [] DFCS [] DJJ [] Criminal Justice System [] Speech Therapist [] Occupational Therapist [] Physical Therapist [] Clergy/Pastor [] School Guidance Counselor/Social Worker []Psychiatrist/Psychologist

Chief Compliant/Presenting Problem (check all that apply):

☐ Difficulty adjusting to changes	☐ Grief Issues	☐ Running Away
☐ Aggressive/Violent Bx	☐ See/hear things others can't	☐ Sad Most of the Day
☐ Bed Wetting	☐ Head Banging	☐ Satanic Involvement
☐ Clumsy	☐ Desire to kill others	☐ Poor School Conduct/Grades
☐ Cruel to Animals	☐ Impulsive	☐ Odd thoughts/beliefs
☐ Sexual Trouble	☐ Destructive	☐ Irritable
☐ Sleeping Problems	☐ Developmental Delay	☐ Lacks Initiative
☐ Soiled Pants	☐ Disobedient	☐ Difficulty with speech
☐ Stealing	☐ Lies/Manipulates	☐ Stubborn
☐ Disruptive	☐ Mean to Others	☐ Suicidal Thoughts
☐ Frequent Thoughts of Death	☐ Obsessions/Compulsions	☐ Temper Outbursts
☐ Eating Problems	☐ Oppositional	☐ Trouble with the Law
☐ Excessive Worry	☐ Over Active	☐ Skipping school
☐ Fearful	☐ Parent-Child Conflict	☐ Undependable
☐ Feelings of Worthlessness	☐ Peer Conflict	☐ Withdrawn/Lack of Interest
☐ Fire Setting	☐ Phobic	☐ Gang Involvement
☐ Restless	☐ Self-Harming(biting, burning, cutting)	

☐ Concerns with sexual orientation/gender identity

☐ Drug/Alcohol Use

[] Alcohol [] Drugs [] Both Frequency of use: [] Daily [] Occasionally [] No Use in the Past Month

Age at First Use:______

# of treatment episodes_________ # of utilizations of community supports(within the past 30 days):_____

Please list any other concerns you may have not mentioned above:

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