WVU Rockefeller Neuroscience Institute

DEPARTMENT OF BEHAVIORAL MEDICINE & PSYCHIATRY

Healthy Minds - Clarksburg Community Support and Outreach

6 Hospital Plaza, Clarksburg, WV 26301 PHONE: 304-623-5661

PATIENT INFORMATION

☐ New client ☐ Readmission (date of last contact): ___ ___ ___

Name: (Last) _____ (First) _____ (MI) _____

DOB: ___/___/___ Gender: _____ Race: _____ Ethnicity: _____

Address: _____ Phone: (___) _____

County: _____ Insurance: _____

Prior Hospitalizations: _____

Diagnosis: _____

Mental Health Providers: _____

Medications: _____

Adopted ☐ Yes ☐ No **LGBTQ+** ☐ Yes ☐ No **Employed (only if 15 years or older)** ☐ Yes ☐ No

System Involvement: ☐ Adult Protective Services ☐ Behavioral Health ☐ Peer Recovery ☐ Probation ☐ Waiver ☐ Other _____

Living Situation: ☐ Lives with Parent/Guardian ☐ Lives with Friend/Relative ☐ PRTF ☐ Shelter ☐ Acute Hospital

History of Drug/Alcohol Problems ☐ Yes ☐ No ☐ Unsure **Current Drug/Alcohol Problems:** ☐ Yes ☐ No ☐ Unsure

GUARDIAN INFORMATION

Is there a legal guardian: ☐ Yes ☐ No **Relationship:** _____

Name: (Last) _____ (First) _____ (MI) _____

Address: _____ Phone: (___) _____

REFERRAL INFORMATION

Referred by: _____ Phone: (___) _____

Reason for Referral: _____

_____

_____

Referring Service(s):

_____

_____

Received by: _____ **Date:** ___/___/___ **Time:** _____ **Reference #:** _____