

KANZA MENTAL HEALTH CLIENT INFORMATION

Client Name: _____

SSN: _____ DOB: _____

Residential Address: _____

City, State, Zip: _____

____ Mailing address same as residential address (above).

Mailing Address: _____

City, State, Zip: _____

Phone Number(s): _____

Gender:

- Male
- Female

Non-treatment Evaluation (Please specify):

- Law Enforcement Evaluation
- 4-yr Continued Stay Eval for Nursing Home
- Competency to Stand Trial
- Court-ordered Parenting Eval
- Competency to Care for Self/IQ/Guardianship
- Other: _____

RISK ASSESSMENT QUESTIONS:

- Are you having thoughts of harming yourself or someone else?
- Are you in danger of harm from someone?
- Are you seeing &/or hearing things that others around you cannot see or hear?

Who Referred you to KANZA? _____
Is this Court-Ordered YES NO

Date & Time of Initial Call: _____ @ _____ a.m./ p.m

Date/Time of Appointment: _____ Scheduled with: _____

Location of Service: _____ Appointment offered but Client declined: _____

Reason why Client declined: _____

Level of Urgency (circle one): EMERGENT URGENT ROUTINE

Access Standard (circle one): No lapse Did not meet the access target Client choice

Call-No Show No Call-No Show Client Cancel Agency Cancel Reason: _____

Date/Time of Appointment: _____ Scheduled with: _____

Location of Service: _____ Appointment offered but Client declined: _____

Call-No Show No Call-No Show Client Cancel Agency Cancel Reason: _____

Date/Time of Appointment: _____ Scheduled with: _____

Location of Service: _____ Appointment offered but Client declined: _____

CUSTODY INFORMATION:

Does the child live with a legal parent? Yes No If "No," who does the child live with? _____

Biological or Adoptive Mother's Name: _____

Address, City, State, Zip _____

Phone: _____ SSN _____

Biological or Adoptive Father's Name: _____

Address, City, State, Zip _____

Phone: _____ SSN _____

Step-Mother's Name: _____

Step-Father's Name: _____

Does the child have a guardian other than a legal parent? Yes No

If yes, what is guardian's relationship to the child?

- | | |
|---|---|
| <input type="checkbox"/> Family Member: _____ | <input type="checkbox"/> Foster Parent: _____ |
| <input type="checkbox"/> Grandparent: _____ | <input type="checkbox"/> Other: _____ |

If the child is in foster care, who is the contractor? _____

(If in foster care, the worker in charge of the child is responsible for signing paperwork.)

GUARDIANSHIP INFORMATION:

Guardian's Name: _____

Address: _____

City, ST, Zip: _____

Phone #: _____ SSN _____

FINANCIAL INFORMATION:

ANNUAL GROSS (before taxes) HOUSEHOLD INCOME (Include all sources of income): _____

#OF FAMILY MEMBERS RELYING UPON INCOME: _____ FEE per HOUR: _____

Insurance Company: _____

Policy or Card # _____

Policyholder's Name: _____

Date of Birth: _____