

CHARLOTTE BEHAVIORAL HEALTH CARE, INC.
1700 Education Avenue, Punta Gorda, FL 33950

Demographic Form

Admission Status* <input type="radio"/> Pre-Registered <input type="radio"/> Registered <input type="radio"/> Admit	Effective Date	Case #
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PATIENT IDENTIFYING INFORMATION

Last Name:	First:	Middle:	Suffix:
Address:			
City/State/Zip:		Phone 1:	
County:		Phone 2:	
		O.K. to leave a message? <input type="radio"/> Yes <input type="radio"/> No	
Personal Care Physician:		Phone Number of PCP:	
SS #:		DOB:	<input type="radio"/> Actual <input type="radio"/> Estimated
Ethnicity:	Race:	Gender:	Marital Status:
Employment Status:		Living Arrangement:	
Highest Grade Completed:		Primary Language:	
Veteran of US Armed Services: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			

Alias(es)/Maiden Name:		
_____	_____	_____
Last	First	Middle
_____	_____	_____
Last	First	Middle

EMERGENCY NOTIFICATION INFORMATION

Emergency Contact Name:		Relationship:	
Address:		Phone:	
City/State/Zip:			
Spouse or Parent Name:		Relationship:	
Address:	Day Phone:	Night Phone:	
City/State/Zip:			

LEGAL INFORMATION

Legal Status:	
Responsible Person:	Relationship:
Address:	Phone:
City/State/Zip:	
Phone:	Employment Place:

Signature of Staff Obtaining Information

Yes No N/A

Name	Date	Time
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ANASAZI DEMOGRAPHIC FORM TABLES

COUNTIES

1 Alachua	15 Dixie	29 Hillsborough	43 Martin	57 Santa Rosa
2 Baker	16 Duval	30 Holmes	44 Monroe	58 Sarasota
3 Bay	17 Escambia	31 Indian River	45 Nassau	59 Seminole
4 Bradford	18 Flagler	32 Jackson	46 Okaloosa	60 Sumter
5 Brevard	19 Franklin	33 Jefferson	47 Okeechobee	61 Suwannee
6 Broward	20 Gadsen	34 Lafayette	48 Orange	62 Taylor
7 Calhoun	21 Gilchrist	35 Lake	49 Osceola	63 Union
8 Charlotte	22 Glades	36 Lee	50 Palm Beach	64 Volusia
9 Citrus	23 Gulf	37 Leon	51 Pasco	65 Wakula
10 Clay	24 Hamilton	38 Levy	52 Pinellas	66 Walton
11 Collier	25 Hardee	39 Liberty	53 Polk	67 Washington
12 Columbia	26 Hendry	40 Madison	54 Putnam	
13 Dade	27 Hernando	41 Manatee	55 St. John's	99 Out-of-State
14 DeSoto	28 Highlands	42 Marion	56 St. Lucie	

ETHNICITY

C Cuban
M Mexican
O Other
P Puerto Rican
S Other Hispanic
T Haitian
A Mexican American
L Spanish Latino

RACE

1 White
2 Black
3 Amer Indian
4 Other
5 Alaskan Native
7 Asian
8 Native Hawaiian/Pacific Island
9 Multi-Racial
10 Spanish

MARITAL STATUS

D Divorced
M Married
N Never Married
S Separated
U Unknown
L Legally Separated
P Domestic Partner
W Widowed

EMPLOYMENT STATUS

S Student
H Homemaker
I Criminal Inmate
O Psych Inmate
D Disabled
2 Employed Full Time
3 Employed Part Time
5 Active Military, Overseas
6 Active Military, USA
7 Terminated/Unemployed
8 Leave of Absence
9 Retired

LIVING ARRANGEMENT (RESIDENTIAL STATUS)

1 Independent Living—Alone	10 State Hospital
2 Independent Living—Relatives	11 Nursing Home
3 Independent Living—Non-Relative	12 Supported Housing
4 Dependent Living—Relatives	13 Correctional Facility
5 Dependent Living—Non-Relatives	14 DJJ Facility
6 Assisted Living Facility	15 Crisis Residence
7 Foster Care/Home	16 Child Residential Tx Facility
8 Group Home	17 Ltd MH Licensed AFL
9 Homeless/Shelter	18 Other Residential Status

EDUCATION

99 No years of schooling	09 Grade 9	19 Professional Degree
01 Grade 1	10 Grade 10	20 Doctorate Degree
02 Grade 2	11 Grade 11	21 Vocational School
03 Grade 3	12 Grade 12	22 College Fresh (1 st year)
04 Grade 4	13 High Schl Grad/Diploma/GED	23 College Soph (2 nd year)
05 Grade 5	15 Associate Degree	24 College Jr (3 rd year)
06 Grade 6	16 Bachelor Degree	25 College Sr (4 th year)
07 Grade 7	17 Special School	K Kindergarten
08 Grade 8	18 Master Degree	P Nursery School/Preschool/Head Start

PRIMARY LANGUAGE

C Creole
E English
G German
L Sign Language
O Other
R Russian
S Spanish
U Ukrainian

LEGAL STATUS

1 Emancipated Minor
2 Minor with Guardian
3 Adult with Guardian Pers/Prop
4 Adult with Guardian Property
5 Adult with Guardian Person
6 Adult with Guardian Advocate
7 Adult

PERSONS IN HOUSEHOLD: Name(s)	Age	Relationship	Name(s)	Age	Relationship
Person Responsible for Payment				Home Phone #	
Responsible Person's Street Address, City, State, Zip					
Name of Insurance		Effective Date	ID #	Group #	Phone #
Policyholder/Relationship					
Name of Insurance		Effective Date	ID #	Group #	Phone #
Policyholder/Relationship					
Medicare <input type="checkbox"/> Yes <input type="checkbox"/> No		Medicare #		Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No	
Funding Source			Referred By		Phone #