Personal Information Manual

The Personal Information Form has been created to demonstrate a minimum number of specific demographic data fields that need to be recorded for each person that will serve as a companion/top page for the Comprehensive Assessment form to provide specific information about the person. This form can be completed by support staff, clinical staff or some combination of the two as long as the form is completed on initial contact.

Data Field	Identifying Information Instruction
Time	Record the time of day.
Date	Record the date.
Caller	Check the appropriate box to identify who the caller is.
If "Other" What is the Relationship	If someone other than the person is calling, describe the relationship between the caller and the person.
Person's Name	Record the first name, last name, and middle initial of the person being served. Order of name is at agency discretion.
Gender	Indicate person's gender by checking the appropriate box. If checking "Transgender" box, also complete box of current gender designation for insurance purposes.
Phone # Calling From	Record the phone number the person is calling from. Check N/A if walk-in.
Also Known As (AKA):	Record other names the person uses or has used in past., including maiden name(s)
Organization Name	Record the organization for whom you are delivering the service.
Has Person Received Services Here Before	Check the appropriate box to determine if the person has received services here previously.
What has caused the person to seek services at this time?	Ask the person or caller to describe what has occurred that they are seeking services and record response.
Date of Birth	Ask and record the person's date of birth.
Age	Ask and record the person's age.
Social Security Number	Ask and record the person's social security number.
Best Phone Number to Contact	Ask and record the best phone number to reach the person. Ask and check the appropriate box if the person gives permission to leave a message at the identified number.
Secondary Phone Number to Contact	Ask if the person would like to offer a secondary contact number and record, including if ok to leave a message, if so indicated. If N/A- check this.
E-Mail Address	Ask if the person has an e-mail address and if they wish to communicate this way. If yes, record, including if it is ok to send a message. If N/A- check this.
Person's Address	Record primary address of person. If homeless, indicate.
Legal Guardian	Indicate the name of his/her parent, guardian, or custodian and his/her address and phone number. If the person is his/her own guardian, record "self." If the person/caller reports yes, follow and document as per your agency protocols.
In Case of Emergency Contact	Indicate the name, address, relationship and phone number of an emergency contact person.
Ask the Person, "Are you in a Dangerous Situation?"	Specifically ask the person or caller if the person is in a dangerous situation and check the appropriate box. If the person/caller reports yes, follow and document as per your emergency protocols.
Special Communication Needs	Ask and record whether or not the person is in need of special communication assistance. If none is needed, check the "none reported" box.
Special Physical Accommodations	Ask and record whether or not the person is in need of special physical accommodations. If none is needed, check the "none reported" box.
Ethnicity	Indicate the appropriate race by checking the indicators provided or indicate "unknown" if not able to determine race. Indicate ethnicity by checking appropriate category.
Primary Payor/Insurance Information/Authorizations	Complete all areas that apply for this section. Check the type of payment benefit/method the person has and indicate the respective benefit/plan number(s)/phone numbers. Complete all areas that apply related to initial authorization. Be sure to list the full name of authorizer and print neatly if entering manually.

	Complete secondary insurance information if person has another insurance benefit.
Determination	If the person is accepted, check the box and identify the service type (e.g., Intake) and scheduled appointment time/date if applicable. If the person is referred elsewhere, check the box and identify who/where the person was referred and why.
Person Served Preferences	This data field may be used to indicate a person's preference for a male vs. female therapist, morning vs. evening appointments or any other preference. Agencies will need to determine how this data field is used.
Schedule Time/Date (If Applicable)	If the person has been scheduled for an appointment, record the date and time of that appointment.
Staff Name, Date and Signature	The person who completes this form is to print and sign his/her name and identify the date of completion.