



SERVICE RECORD FACE SHEET

Client's Full Name: _____ Date of Admission: _____

Prefers to be called: _____ Service Record #: _____

Client's Phone Number and Address:

Marital Status: _____ Male Female Race (required by state rule): _____

Date of Birth: _____ Place of Birth: _____

Medicaid #: _____ Social Security Number: _____

Insurance Information:

Name of Insured: _____ Relationship to the Client: _____

Insurance Company: _____ Policy/Medicaid#: _____

Address and phone# information:

Emergency Contact Person: _____

Address and phone# information:

Father's Name: _____

Address and phone# information:

Mother's Name: _____

Address and phone# information:

Legal Guardian: _____

Address and phone# information:

Date of Discharge: _____

This forms meets these standards

Authority: 10A NCAC 27G .0206 (a)(1)