

How to Complete a Client Profile

Page One: Client Profile

Complete as much of the information as possible.

Photo: *Paste or tape a recent photo of the person.*

Name: *Complete Name* D.O.B.: *Complete date of birth*

SSN: *Write Social Security number, if available*

Medicaid: *Write Medicare or Medicaid number*

Case #: *Write agency name and case number*

Key Family Members: *Write complete names, addresses, and phone numbers of parents, siblings or any other important **Key Contact** such as spouse or friend.*

Current Residence, Last Residence: *Write complete addresses of the persons current and previous residence.*

Current Care providers — Physician, Mental Health Provider, Psychiatrist, Dentist, Ophthalmologist, other: *Complete names, addresses and phone numbers for as many of these professionals as possible.*

Page Two: Client Profile

Name: *Complete Name* D.O.B.: *Complete date of birth*

Fill in gender of person.

Provide ethnic background information.

Complete languages person speaks.

Provide physical description.

Provide diagnosis, date of last exam.

Provide information regarding any special problems (treated or untreated).

Provide information that is important for a professional to know.

Provide information on any allergies and types of reactions.



ADVOCACY WORKS

Page Three: Client Profile

Name: *(Complete Name)*

D.O.B.: *(Complete date of birth)*

Historical Chronology: Compose a history of the events regarding the onset and progression of the person's mental illness. Use only factual, specific, concrete language including dates and locations in your writing.

Accomplishments, Skills, or Talents: Describe the person's accomplishments,(i.e.,) life experiences they are proud of. List skills and talents they have shown throughout their life.

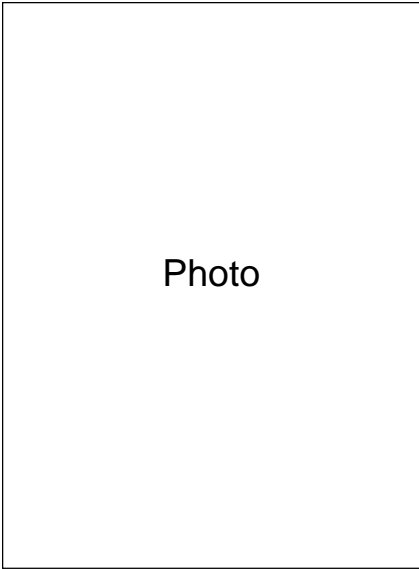
Education: List schools or any workshops they have attended.

Special Problems: Use this space of describe any unique problems and successful treatments this person may have experienced.

Comments: Any other information you or the client may wish to include.



Client Profile



Identification Information:

Name: _____

D.O.B.: _____

SS#: _____

Medicaid#: _____

Case#: _____

Current Residence: _____

Last Residence: _____

Key Family Members:

Parents _____

Siblings _____

Key Contact: _____

Current Care Providers:

Physician: _____

Mental Health: _____

Psychiatrist: _____

Dentist: _____

Ophthalmologist: _____

Other Health Care: _____



ADVOCACY WORKS

Client Profile

Name: _____ D.O.B.: _____

Sex: _____ Ethnicity: _____ Language: _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Diagnosis: _____

Date of Last Exam: _____

Medical Alert: _____

Behavioral Alert: _____

Allergies: _____

Current Medication:	Dosage:	Date Began:
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____

Side Effects: _____

Previous Medications/Side Effects: _____

Other Regimes (i.e.) special diet, vitamin therapy: _____

Hospitalizations:	Dates/Locations:	Explanation:
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____

Incarcerations:	Dates:	Locations:
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____



ADVOCACY WORKS

Client Profile

Name: _____ D.O.B.: _____

Historical Chronology: (submitted by client and family)

Attach complete history of illness or summarize below

Accomplishments: _____

Skills or Talents: _____

Education: _____

Specific Problems:

1. _____

2. _____

3. _____

Treatment:

1. _____

2. _____

3. _____

Comments:



ADVOCACY WORKS