CLIENT INTERVIEW

Client Name:	SS#:	**Client Assigned Rep. Name:**	**Rep. Phone:**
Date of Admission:	Race:	**Rep. Address** **Best time to contact:**	
Client Address: (include city/state/zip)			
Client Information: ID#:		***Rep. Comment:*** *(indicate social, religious, family other characteristics you know about this client)* *(Check for attached document ▢)*	
Age: ***Date of Birth:*** ***Sex: F / M***			
Rate overall Medical Condition: Very Good ▢ Good ▢ Fair ▢ Poor ▢ Unsteady ▢			
When working, Occupation:			
Years Retired:			
Reason for Retirement Or exiting employment.			
Married ▢ Single ▢ Divorced ▢ Widower ▢		**Primary Physician** **Name:** _____ **Phone:**_____ _____ **Physician Address:** _____ _____ **Primary Diagnosis:** _____ _____ **Past health History & Dates:** *(Hospitalization, Surgeries.)* _____ _____ _____ _____ _____ *(Check if physician comment attached ▢)*	
Children: Yes ▢ No ▢	Number of: Male: Female**:**		
Grandchildren: Yes ▢ No ▢	Number of: Male: Female**:**		
Siblings: Yes ▢ No ▢	Number of: Brothers: Sisters**:**		
Emergency Contact Name & Telephone Numbers			
①			
②			
③			
Hobbies, Favorite Past times:			
Comments:			