



BUCHANAN COUNTY
PUBLIC ADMINISTRATOR

Bradley Haggard

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INTAKE FORM

*****Please attach copies of photo ID, Social Security card, birth certificate, and insurance cards.***

Demographic Information

Name:	
Other names used:	
Current legal address AND phone number:	
Address where individual is currently located: (If in a facility, please indicate the name of the facility)	
Date of birth:	SSN:
Birthplace:	
Height:	Weight:
Gender:	Marital status:
Religion (optional):	
Race (optional):	

Medical Information

Referring Agency or Family Member Name: Address: Phone:
Referring Physician: Address: Phone:
Primary Care Physician: Address: Phone:
Psychiatrist: Address: Phone:
Is this individual currently in any services with any agencies such as Family Guidance Center, Albany Regional Office, MERIL, UCP, etc.? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please list and include case worker or additional related information:
Has this person been hospitalized in the past? YES <input type="checkbox"/> NO <input type="checkbox"/> List the hospitals and approximate dates. Attach another sheet if necessary.
Code status (i.e. Full Code or Do Not Resuscitate and include any additional measures desired or not desired for end of life care):
Please attach a current medication list.
List any known drug or food allergies:

FAMILY MEMBERS (Attach another sheet if necessary.)

Mother's Name	
Mother's Address	
Mother's Phone	
Father's Name	
Father's Address	
Father's Phone	
Sibling's Name	
Sibling's Address	
Sibling's Phone	
Sibling's Name	
Sibling's Address	
Sibling's Phone	
Sibling's Name	
Sibling's Address	
Sibling's Phone	
Sibling's Name	
Sibling's Address	
Sibling's Phone	
Other Relative's Name	
Other Relative's Address	
Other Relative's Phone	
Other Relative's Name	
Other Relative's Address	
Other Relative's Phone	

Diagnosis:
Axis I
Axis II
Axis III
Axis IV
Axis V

Insurance

Medicaid Number/ State	
Medicare Number	
Medicare Part D	
Medicare Supplement	
Any other medical insurance	
Life Insurance Co. and policy number	
Burial plan information	
Funeral Home and Cemetery preference (Including location)	

Income

Social Security \$	SSI \$
VA \$	Railroad \$
Pension income and source \$	
Employer and average income	
Any other income and source?	

Property

Home or land address:
Mortgage holder:
Amount owed on mortgage: \$
Home owner's/ rental insurance:
Vehicle year, make, and model:
VIN
License
Insurance
Amount owed and to who: \$
Farm Equipment:
VIN
License
Insurance
Amount owed and to who: \$
Livestock Value and type: \$
Personal property, approximate value and short description: \$

Financial Assets

Attach additional pages if needed.

Bank account type:	Value \$
Name of Bank:	
Name on Account:	
Account number:	
Bank account type:	Value \$
Name of Bank:	
Name on Account:	
Account number:	

Bank account type:	Value \$
Name of Bank:	
Name on Account:	
Account number:	
Bank account type:	Value \$
Name of Bank:	
Name on Account:	
Account number:	
Does the individual have a will or DPOA document? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Please attach a copy if so.	