

Client Face Sheet

Client:

ID #:

DOB:

Age:

Demographics	
Primary Language	Ethnicity
Marital Status	Race

Address Type - Home	
Address Type - Office	

Allergies					
Drug Allergy Name	Reaction	Severity	Comment		

Financial Information		
Medi Cal	CIN Number	

Enrollment History		Request/Enrolled		
Program Name	Status	Date	Discharged Date	Assigned Staff

Current Medication			
Medication Name	Prescriber Name	Start Date	End Date

Primary Diagnosis History				
Program Name	Diagnosis Date	ICD10Code	ICDDescription	SNOMEDCODE