

# Enrollment

Patient ID \_\_\_\_\_

Entrance Paperwork

Any Additional Forms

Any Additional Forms 2

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Enrollment Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

DUHS MRN \_\_\_\_\_

Gender  
 Female  
 Male  
 Transgender

Please Specify Transgender  
 Male to Female  
 Female to Male

Relationship Status  
 Single  
 Married  
 Cohabiting  
 Separated  
 Divorced  
 Widowed

Race  
 White  
 Black or African American  
 Asian  
 Native American or Alaska Native  
 Native Hawaiian or Pacific Islander  
 More than one race  
 Unknown or Not Reported

Please Specify Multiple races \_\_\_\_\_

Ethnicity  
Not Hispanic or Latino       Hispanic or Latino       Unknown or Not Reported

Patient Speaks English  Yes  No

Specify Language Patient Speaks \_\_\_\_\_

Highest Level of Education Completed  
 Did not complete High School  
 High School Diploma or GED  
 Some College  
 Associates Degree  
 Bachelor's Degree  
 Graduate Degree  
 Other

Highest Grade Level Completed \_\_\_\_\_

Please Specify Other Level of Education

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Did You Live in Durham 30 days ago?

Yes  No

Where Did You Live?

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(city)

Where Did You Live?

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(state)

What was your housing?

- Own Place (On Lease)
- Family/Friend House
- Transitional House
- Emergency Shelter
- Dv Shelter
- Car
- Streets
- Woods
- Abandoned Building
- Motel/Hotel
- Hospital
- Jail/Prison
- Other

Hotel/Motel Paid By

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Please Specify Other Housing

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Did You Live in Durham 6 Months ago?

Yes  No

Where Did You Live?

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(city)

Where Did You Live?

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(state)

What was your housing?

- Own Place (On Lease)
- Family/Friend House
- Transitional House
- Emergency Shelter
- Dv Shelter
- Car
- Streets
- Woods
- Abandoned Building
- Motel/Hotel
- Hospital
- Jail/Prison
- Other

Hotel/Motel Paid By

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Please Specify Other Housing

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Did You Live in Durham 1 Year ago?

Yes  No

Where Did You Live?

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(city)

Where Did You Live?

---

(state)

What was your housing?

- Own Place (On Lease)
- Family/Friend House
- Transitional House
- Emergency Shelter
- Dv Shelter
- Car
- Streets
- Woods
- Abandoned Building
- Motel/Hotel
- Hospital
- Jail/Prison
- Other

Hotel/Motel Paid By

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Please Specify Other Housing

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Have You Been Homeless Continuously For a Year or More?

- Yes  No

Have You Had 4 or More Episodes of Homelessness in the Last Three Years That Together Add Up To a Total 1 Year or More of Homelessness?

- Yes  No

Does Patient Have an Income Source

- Yes  No

Source

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Monthly Amount

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History of Felony Convictions

- Yes  No

Date of Last Felony Conviction

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History of Violent Crimes

- Yes  No

Comments

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Is Patient on Probation or Parole?

- Yes  No

Probation Officer - First Name

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Probation Officer - Last Name

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Court Involvement

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Has Patient Seen a Primary Care Provider in the Past Year

- Yes  No

Clinic or Treatment Facility

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Primary Care Provider: First Name

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Primary Care Provider: Last Name

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Approximate Date of Last Visit

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Has Patient Seen a Mental Health Care Provider in the Past Year

- Yes  No

Clinic or Treatment Facility

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Mental Health Care Provider: First Name

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Mental Health Care Provider: Last Name \_\_\_\_\_

Approximate Date of Last Visit \_\_\_\_\_

Has Patient Seen a Substance Abuse Care Provider in the Past Year  Yes  No

Is it the Same as Their Mental Health Provider  Yes  No

Clinic or Treatment Facility \_\_\_\_\_

Substance Abuse Care Provider: First Name \_\_\_\_\_

Substance Abuse Care Provider: Last Name \_\_\_\_\_

Approximate Date of Last Visit \_\_\_\_\_

Has Patient Been Hospitalized For Mental Health Issue In Past 2 Years  Yes  No

Where Was Patient Hospitalized \_\_\_\_\_

Has Patient Had a Detox Stay In Past 2 Years  Yes  No

Where Was the Detox Stay \_\_\_\_\_

Patient Strengths/Capabilities