

Progress Notes:

(This section contains a large area of horizontal dotted lines for writing progress notes.)

Is Client eligible for PA YES NO **Has Pharmacy Assistance application been completed?** YES NO

Does Client have regular Health Care Provider YES NO (circle only one)

Baseline Info (Please Complete On First Encounter Or If Information Changes)

Sex: (Check One): Male Female

Race: (Check One): White Black Hispanic Asian American Indian Other

Education (Check One That Best Describes The Highest Level Completed):

None Grade School Some High School HS Grad/GED
 Vocational/Tech School Some College College Grad

Social Security #: _____ **Date Of Birth:** _____

Marital Status: Single Married Separated/ Divorced/ Widowed

SSI/SSDI Benefits: Yes No Pending

Veterans Benefits Yes NO