

DUKE HEALTH JUSTICE CLINIC INTAKE SHEET

| | |
|---|---|
| Date of Contact: | Person doing intake: |
| PROSPECT CONTACT INFORMATION | |
| Name: | Other names used: (if any) |
| Address: | Phone 1: <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work |
| | Phone 2: <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work |
| County: | Phone 3: <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work |
| Email: | CAN MESSAGE BE LEFT? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does client look at email regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No | Language, if not English: |
| Alternate Contact | Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name/Relation: | How did client learn of our program? |
| Phone: | |
| Referring person: | Adverse Party, if any |
| Phone | Spouse/Partner Name: |
| Who called? <input type="checkbox"/> Prospect <input type="checkbox"/> Referring Person | |
| CASE INFORMATION | |
| Type of Case: | |
| <input type="checkbox"/> Documents <input type="checkbox"/> Disability <input type="checkbox"/> Discrimination <input type="checkbox"/> Privacy/confidentiality <input type="checkbox"/> Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Name change <input type="checkbox"/> Standby Guardianship <input type="checkbox"/> Other (specify) | |
| Brief Description of Problem | |
| | |
| Case Manager/Social Worker | Medical Provider: |
| Name: | |
| Agency: | Hospital/Clinic: |
| Phone: | |

| CLIENT DETAILS: | | | |
|---|--|--|--|
| Social Security Number (Collect only for Social Security or Medicaid cases) | | Date of Birth: | |
| Marital Status: <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> Never M | | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender/Non-binary | |
| | | Pronouns: (use your judgment as to when to ask this) <input type="checkbox"/> she/her <input type="checkbox"/> he/him <input type="checkbox"/> other (specify) | |
| Racial/Ethnic Heritage <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African-American <input type="checkbox"/> Native Amer/Aleutian/Eskimo <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown | | Health Status: <input type="checkbox"/> HIV <input type="checkbox"/> Cancer <input type="checkbox"/> Other (specify) | |
| Health Insurance <input type="checkbox"/> Private <input type="checkbox"/> No insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Other <input type="checkbox"/> Medicare <input type="checkbox"/> Unknown/unreported <input type="checkbox"/> Other public | | Total Number in Household: # Adults: # Minor Children: | |
| Social Security Cases only: Mother's Name: Client's Place of Birth: | | Social Security Cases only: Does client have a MyChart account? <input type="checkbox"/> Yes <input type="checkbox"/> No Is client willing to let us access MyChart? <input type="checkbox"/> Yes <input type="checkbox"/> No Username: Password: | |
| NET MONTHLY HOUSEHOLD INCOME <i>Please get income for all members of household</i> | | ASSETS | |
| Employment (client) | | Number of Vehicles | |
| Employment (others) | | Year of vehicles | |
| Social Security (client) | | Cash on hand/checking | |
| Social Security (others) | | Savings | |
| Workfirst or SSI (client) | | CDs/Stocks | |
| Workfirst or SSI (others) | | Annuities/Investments | |
| Unemployment (client) | | Home (value) | |
| Unemployment (others) | | Other real estate | |
| Pension (client) | | Mobile Home | |
| Pension (others) | | Other | |
| Worker's Comp (client) | | | |
| Worker's Comp (others) | | | |
| Self-employment (client) | | | |
| Self-employment (others) | | | |
| Other income | | | |
| Total Income | | Total Assets | |