

Edgewood Children's Center

FACE SHEET

PROGRAM ___ Day Treatment ___ Residential Treatment ___ Residential Diagnostic ___ Campus Respite

Name _____ Unit _____
Birthday _____ Sex _____ Primary Therapist _____
Social Security # _____ Date Admitted _____

Medicaid # _____ Provider _____
Insurance # _____ Provider _____

Legal Guardian ___ Mother ___ Father ___ Both Parents ___ ILDCFS ___ MODFS ___ Other _____

Mother _____ Biological ___ Other _____

Street City State Zip Code Phone
Employer Business Phone

Father _____ Biological ___ Other _____

Street City State Zip Code Phone
Employer Business Phone

Legal guardian, if not child's parent:

Agency _____ Staff _____

Street City State Zip Code Phone

Funding Sources

Agency _____ Staff _____

Street City County State Zip Code Phone

Provides funding for _____

Agency _____ Staff _____

Street City County State Zip Code Phone

Provides funding for _____

Home School _____ Staff _____

Street City County State Zip Code Phone

Medical Information and Physical Description Immunization record is on file showing required immunizations ___ Yes ___ No

Medications _____

Allergies _____

Health problems or handicaps _____

Race _____ Height _____ Weight _____ Hair Color _____

Eye Color _____ Build _____ Complexion _____ Glasses _____

Scars/Birth Marks/Identifying Characteristics _____

Emergency contact

Name _____ Relationship _____

Street City State Zip Code Phone

Non-Medicaid Insurance

Insurance Company _____
Group/Plan # _____ ID _____
Insured's Name _____ Relationship to child _____
Place of employment _____

Insurance Company _____
Group/Plan # _____ ID _____
Insured's Name _____ Relationship to child _____
Place of employment _____

Non-Edgewood Resources

Pediatrician's Name _____ Phone () _____
Address _____
Street City State Zip Code

Health Care Facility _____
Address _____
Street City State Zip Code
ID # _____

Dentist's Name _____ Phone () _____
Address _____
Street City State Zip Code

Therapist's Name _____ Phone () _____
Address _____
Street City State Zip Code

Notes: