



ST. VINCENT CHARITY
MEDICAL CENTER

2351 EAST 22ND STREET
CLEVELAND, OH 44115
stvincentcharity.com

A Ministry of the Sisters of Charity Health System

**Psychiatric Emergency Department
Patient Intake Information**

Name _____ Date of Birth _____

Address _____ Social Security # _____

_____ Telephone # _____

Sex _____ Race _____ Religion (If Catholic, what parish?) _____

Occupation _____ Marital Status _____

Place of employment _____ Address _____

Employer Phone # _____

Brought in by _____ Unit or Car # _____

Brought in from _____ Walked Wheelchair Cart
(address)

Type of medical coverage (attach card or copy of card when possible) _____

Whose name is medical coverage under? _____

Relationship to patient _____

Address _____ Phone # _____
(if different from patient)

Private physician or clinic _____

Emergency contact _____ Phone # _____

Relationship to patient _____

Does the patient have a Medical Advance Directive? Yes / No

Does the patient have a Behavioral Health Advance Directive? Yes / No

Does the patient have it with them? Medical Yes / No

Does the patient have it with them? Behavioral Health Yes / No

Would the patient like information on Medical/Behavioral Health Advance Directives? Yes / No

Complaint _____
