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A PERFECT START DEMOGRAPHIC SHEET

Person Served: _____ SSN: ____/____/____

Address: _____

D.O.B. ____/____/____ Sex: Male/Female Race:

Black/White/Hispanic/Other _____

Phone Number: _____

Marital Status: _____

Occupation: _____

Level of Education: _____

Medicaid #: _____

Support System: _____

Email Address: _____

Primary Source of Income: _____

Number of Children: _____

Number of Arrest in the Past 30 Days: _____

History of Substance Abuse? YES ____ NO ____

Name of substance: _____

How long has there been a history of substance abuse? _____

How often is the drug of choice used? _____

Mental Health History _____

Medications _____

Psychiatrist Name _____ Phone Number _____

Therapist Name: _____ Phone Number _____

Submitted By : _____ Date submitted : _____