

Open Minds, Inc.

A Non-Profit Representative Payee Program

Interview Information Form

Primary Care Physician:							
Clinic Address:							
Phone Number:							
Psychiatrist:							
Clinic Address:							
Phone Number							
787 Needed:		No		Yes:			
787 mailed to physician or psychiatrist:			No		Yes	Date Mailed:	
Employment							
Employer:					Phone:		
Hours:					Other:		
If unemployed, what does client do?							
Education							
Last grade completed:							

Interview Questions	
Why do you need our services?	
What do you expect from us?	

Family Information	
Next of Kin:	
Name:	
Address:	
Phone:	
Relationship:	
Other Information:	

Staff Signature

Date

3405 Summer
Memphis, TN 38122
901-324-0686 p * 901-324-0688 f
www.openmindssite.org

Mailing Address
P.O.BOX 22969
Memphis, TN 38122