Index #0001

REGISTRATION

EMERGENCY:	
CONSULT:	
REGISTRATION:	
UP-DATE:	
LOCATION:	

O.U. NO.: | CASE NO.:

DATE: | FORMER CONSUMER: ☐YES ☐NO | COUNTY:

FULL LEGAL NAME (FIRST, MIDDLE, LAST):

MARITAL STATUS: ☐DIVORCED ☐SEPARATED ☐MARRIED ☐NEVER MARRIED ☐WIDOWED

ADDRESS: | FAMILY SIZE:

CITY: | STATE: | ZIP:

HOME PHONE: | BUSINESS PHONE: | SEX: ☐MALE ☐FEMALE

CELL PHONE: | HOW DID YOU HEAR ABOUT US:

SOCIAL SECURITY NO.: | DATE OF BIRTH: | RACE:

FAMILY PHYSICIAN: | PHONE NO.:

ADDRESS:

REPORTED MEDICINE ALLERGIES:

CURRENT MEDICAL CONDITION:

EMERGENCY CONTACT PERSON, NAME: | PHONE NO.:

ADDRESS:

NEAREST LIVING RELATIVE, NAME: | PHONE NO.:

ADDRESS:

PRESENTING PROBLEM: ☐MH ☐S/A ☐MR ☐DD/ECI ☐NONE ☐RC

SERVICE CATEGORY: ☐PRIORITY ☐NON-PRIORITY ☐OBRA

COURT STATUS: ☐PAROLE ☐PROBATION ☐PENDING LEGAL CHARGES

CONTACT:

☐MINOR ☐ADULT ☐GUARDIAN GUARDIAN NAME:

PHONE NO.: | ADDRESS:

EMPLOYED: ☐YES ☐NO (IF "YES," REFER TO FINANCIAL AND INSURANCE INFORMATION PROFILE)

MONTHLY INCOME:

INSURANCE: ☐YES ☐NO (IF "YES," REFER TO FINANCIAL AND INSURANCE INFORMATION PROFILE)

I hereby give my consent for the Andrews Center to examine, prescribe, or administer medication, counsel, advise for proper care through routine medical/psychiatric and/or emergency services, to otherwise treat me/my ward as deemed necessary during the course of my involvement with the Center. I understand I may withdraw this consent at any time. I understand that if I am served at a contracting Health and Human Services Commission facility, my records may be released to them for continuity of care unless I stipulate otherwise.

By my signature I hereby demonstrate that the information I have provided is true and correct to the best of my knowledge, and that: I have received by center handbook and my rights have been identified with understanding: the assigned staff below is my current coordinator of services.

According to Texas Statues Tex. Rev. Civ. Stat., Article 4495b, Section 5.08 (h) & Rules 509 & 510-Texas Rules of Civil Evidence and other related laws we may be required to disclose otherwise confidential information to medical, law enforcement and/or other government agencies and/or personnel, and that the confidential information disclosed may include HIV/AIDS test results or other information relating to HIV/AIDS.

CONSUMER	DATE	LEGAL GUARDIAN	DATE

WITNESS STAFF	DATE	ASSIGNED STAFF COORD.	SERVER CODE	DATE