



"Working Together to Help People Help Themselves"

Thank you for choosing MHMR Services for the Concho Valley for your mental health care needs. This cover letter and attached page are designed to prepare you for the intake process and explain certain requirements.

In order to conduct an intake, the patient MUST be accompanied at the appointment by the biological <u>parent or</u> <u>other legally authorized representative</u>. Documentation regarding guardianship will be verified before the intake appointment begins. If legal guardianship cannot be confirmed, the intake appointment will be rescheduled.

The purpose of an intake appointment is to determine if the patient is eligible to be admitted into services with the Center. <u>Medications are not prescribed</u> at an intake appointment. A proper and thorough intake <u>appointment can take up to TWO hours</u>. Please make arrangements in your schedule to be at the Center for the entire two hours.

In order to make your upcoming intake appointment run smoothly we ask that you bring the following documentation.

- Picture ID
- Birth Certificate
- Social Security Card
- Proof of Guardianship
- Psych Evaluations
- Active Diagnoses
- Discharge Records
- Proof of Income
- Physicals

Additional:

- <u>Birth Certificate</u>- The center will need this for every child.
- <u>Divorce Decree</u>- If child's biological parents are divorced, the center will have to have a copy of the divorce decree.
- <u>Adoption Decree</u>- If the child has been adopted, the center will have to have a copy of the court paperwork granting the adoption.
- <u>Medical Consenter Form</u>- If the child is in CPS custody, the center will need to have the Form 2085 B- Medical Consenter Form that appoints someone as the child's medical consenter and that specific person must attend the appointment with the child.
- Any other legal paperwork that appoints someone as the child's current legal guardian (e.g. Child Support Review Order, Suit Affecting the Parent Child Relationship)
- Insurance Card (if applicable)
- Proof of monthly household income The center needs this for all patients that have Medicaid, CHIP, or no insurance.

Demographic Information

<u>1. Patient</u>				
Patient's Legal Name: First		Middle	Last	
Date of Birth:	SS#:		Gender: 🗆 Male	e 🛛 Female
<u>2. Guardian</u> Name of Parent or other Legal Guar	rdian:			
If guardian is someone other than the	ne biological parent	t, what is their rela	ation to the child?	
3. Family				
Address:			<u></u>	
Street	City		State	Zip Code
Phone Number(s):				
Home	Cel	1	Work/Ot	her
How many people live in the home:	: Other fami	ly members in Ml	HMR services?	
How did you hear about our service Is the patient currently on probation <u>5. Insurance Information</u> What insurance does the patient hav ID or Policy Number: Intake Information What is the reason for today's visit?	n? □ No □ Yes (ve? □ Medicaid	(If yes, name of p □ CHIP □ Tri Group Number	robation officer: care	
List any previous treatment for mer psychiatrist, medical doctor, or othe				
List any current medications.				

Has the patient experienced any form of trauma? $\hfill\square Yes$ $\hfill\square No$