Family and Youth Guidance Center ♦ 424 S. Oakes♦ San Angelo, Texas 76903

Dear Parent(s)/Legally Authorized Representative(s),

Welcome and thank you for choosing MHMR Concho Valley to help you meet your child's mental health needs. Our practice provides the best possible care for your child. We know you have many options to choose from and appreciate your having selected us to assist you with this important process. This cover letter and attached forms are designed to prepare you for the intake process and help us to better able to assist you.

The patient MUST be accompanied at the appointment by the biological parent or other legally authorized representative. 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 for services with the Center. Medications are not prescribed at an intake appointment. A proper and thorough intake appointment can take up to TWO hours. 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.

- Proof of Guardianship
  - Birth Certificate- The center will need this for every child.
  - Divorce Decree- If child's biological parents are divorced, the center will have to have a copy of the divorce decree.
  - Adoption Decree- If the child has been adopted, the center will have to have a copy of the court paperwork granting the adoption.
  - Medical Consenter Form- 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.

Additional Items that would help make your upcoming intake appointment run smoothly are:

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

ACCESS TO SERVICES

Simply call 325-658-7750 and ask to make an appointment for intake to services, or access services by presenting at Open Access times described below at the Family & Youth Guidance Center at 424 South Oaks (no appointment necessary). Appointment based access to services are available Monday-Friday 8:00am – 6:00pm and on Saturdays 8:00am to 12:00pm.

OPEN ACCESS

Tuesday: 8-11
Thursday: 8-11

Open Access operates in the capacity of walk-in services and operates as first-come, first-served opportunity. Should capacity be reached for Open Access – staff will coordinate with you an opportunity for a scheduled intake service.

INTAKE FORM

Today's Date: _________________

DEMOGRAPHIC INFORMATION

Patient's Legal Name: _______________________ _________________________ _______
(Last Name) *First Name)* *(Middle Initial)*

DOB: _______________ Social Security #: ____________________ Gender: ☐ Male ☐ Female

Name of Parent or legal Guardian: ____

If guardian is someone other than biological parent what is their relation to the child? _________

Address: ______________________________ ____________________, ________ _____________
(Street) *(City)* *(State)* *(Zip Code)*

Home Phone: ________________________ Alternate Phone: _______________________

Email address*:* _________________________________

How many people live in the home: ________ Other family members in MHMR services: _______

Is someone in your family a member of, or retired from, the U.S. Armed Forces? ☐ Yes ☐ No ☐Veteran

RACIAL/ ETHNIC IDENTITY

☐ African American ☐ Asian American ☐ Hispanic/Latino ☐ Native American
☐ Pacific Islander ☐ White/Caucasian ☐ Other

EDUCATION

Current grade: _________________ School: _________________________

Is the patient currently on probation? ☐ Yes ☐ No (If yes, please list Parole Officer's Name below):

____

INSURANCE INFORMATION

☐ Medicaid ☐ Chip ☐ Tricare ☐ Other:____________________________

ID or Policy Number: _____________________ Group Number (if applicable): ______________

EMERGENCY CONTACT:

Name of Emergency Contact: ___________________________________

Home Phone: ______________________ Alternate Phone: _______________________

Relationship to Patient: _______________________________________

Primary Care Physician (Pediatrician): ______________________

MENTAL HEALTH INFORMATION

Have you experienced any form of trauma? ☐ Yes ☐ No

How did you hear about our services? ____

What is the reason for your visit at the clinic today? ___________________________________

____

List any previous treatments for mental health issues. This includes any inpatient hospitalization, private psychiatrist, medical doctor, or other MHMR clinic. (Include dates)

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List any current medication(s): ____

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