

REGISTRATION

REGISTRATION:

UP-DATE:

DATE:		CASE NO.:		COUNTY:	
FULL LEGAL NAME (FIRST, MIDDLE, LAST):					
MARITAL STATUS: <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED				FAMILY SIZE:	
ADDRESS:					
CITY:			STATE:		ZIP:
HOME PHONE:		BUSINESS PHONE:		SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
CELL PHONE:		SOCIAL SECURITY NO.:		DATE OF BIRTH:	
GENDER IDENTITY:		SEXUAL ORIENTATION:		PRONOUN: <input type="checkbox"/> HE <input type="checkbox"/> SHE <input type="checkbox"/> THEY	
<input type="checkbox"/> MALE <input type="checkbox"/> TRANSGENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> FEMALE-TO-MALE (FTM)/TRANSGENDER MALE/TRANS MAN <input type="checkbox"/> MALE-TO-FEMALE (MTF)/TRANSGENDER FEMALE/TRANS WOMAN <input type="checkbox"/> QUEER, NEITHER EXCLUSIVELY MALE NOR FEMALE <input type="checkbox"/> OTHER:		<input type="checkbox"/> LESBIAN, GAY OR HOMOSEXUAL <input type="checkbox"/> STRAIGHT OR HETEROSEXUAL <input type="checkbox"/> BISEXUAL <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> OTHER:		HOMELESS STATUS: <input type="checkbox"/> CLIENT IS NOT HOMELESS <input type="checkbox"/> CLIENT IS HOMELESS <input type="checkbox"/> CLIENT IS CHRONICALLY HOMELESS	
		RACE:		HISPANIC OR LATINO?: <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRIMARY LANGUAGE:					
EDUCATIONAL LEVEL:		EDUCATION STATUS:		EMPLOYMENT STATUS:	
<input type="checkbox"/> PRESCHOOL/NURSERY/HEAD START <input type="checkbox"/> KINDERGARTEN <input type="checkbox"/> CURRENTLY IN _____ GRADE <input type="checkbox"/> HIGH SCHOOL GRADUATE <input type="checkbox"/> POST HIGH SCHOOL PROGRAM SOME <input type="checkbox"/> COLLEGE <input type="checkbox"/> COLLEGE GRADUATE <input type="checkbox"/> NEVER ATTENDED SCHOOL <input type="checkbox"/> SPECIAL EDUCATION <input type="checkbox"/> VOCATIONAL <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> ALT EDUCATION (HS DEGREE) <input type="checkbox"/> CONTINUING EDUCATION <input type="checkbox"/> CURRENTLY: REGULAR EDUCATION <input type="checkbox"/> CURRENTLY: SPECIAL EDUCATION <input type="checkbox"/> NOT CURRENTLY ENROLLED <input type="checkbox"/> VOCATIONAL TRAINING <input type="checkbox"/> YES, CURRENTLY ENROLLED <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> AGES 0-5 <input type="checkbox"/> DISABLED, NOT IN LABOR FORCE <input type="checkbox"/> EMPLOYED FULL TIME (35+ HRS/WEEK) <input type="checkbox"/> EMPLOYED PART TIME (LESS THAN 35 HRS/WEEK) <input type="checkbox"/> HOMEMAKER <input type="checkbox"/> RETIRED <input type="checkbox"/> STUDENT <input type="checkbox"/> SUPPORTED/TRANS EMPLOYMENT <input type="checkbox"/> UNEMPLOYED, NOT SEEKING WORK <input type="checkbox"/> UNEMPLOYED, SEEKING WORK <input type="checkbox"/> UNKNOWN	
MILITARY RECORD: <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, STATUS: <input type="checkbox"/> ACTIVE <input type="checkbox"/> RESERVE <input type="checkbox"/> DISCHARGED <input type="checkbox"/> RETIRED <input type="checkbox"/> UNKNOWN			
BRANCH:		CAMPAIGN:		PREVIOUS MENTAL HEALTH SERVICES: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINES <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> WWII (1941-1946) <input type="checkbox"/> KOREAN WAR (1950-1955) <input type="checkbox"/> VIETNAM WAR (1964-1975) <input type="checkbox"/> OPERATION DESERT STORM <input type="checkbox"/> OPERATION ENDURING FREEDOM (OEF) <input type="checkbox"/> OPERATION IRAQI FREEDOM (OIF) <input type="checkbox"/> OTHER:		IF YES, WHICH SERVICE?: <input type="checkbox"/> LMHA <input type="checkbox"/> LIDDA <input type="checkbox"/> STATE HOSPITAL <input type="checkbox"/> PSYCHIATRIC HOSPITAL <input type="checkbox"/> GENERAL HOSPITAL <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> RESIDENTIAL (NON-HOSPITAL) <input type="checkbox"/> SUBSTANCE ABUSE/OUTPATIENT PROGRAM	
PREVIOUS SUBSTANCE ABUSE SERVICES: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
FAMILY PHYSICIAN:			PHONE NO.:		
ADDRESS:					
EMERGENCY CONTACT PERSON, NAME:				PHONE NO.:	
ADDRESS:					
NEAREST LIVING RELATIVE, NAME:				PHONE NO.:	
ADDRESS:					
CONTACT:					
<input type="checkbox"/> MINOR <input type="checkbox"/> ADULT <input type="checkbox"/> GUARDIAN GUARDIAN NAME:					
PHONE NO.:			ADDRESS:		
MONTHLY INCOME:					

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 Statutes 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.

If you are a “no-show”, or you fail to keep your appointment without giving 24-hour notice in advance three times to your doctor/prescriber, nurse, case manager or therapist; you may be discharged from Andrews Center services due to noncompliance.

CONSUMER	DATE	LEGAL GUARDIAN	DATE

WITNESS STAFF	DATE