

## JACKSON COUNTY MENTAL HEALTH

Last Name	First Name	Middle Name	Date of Birth
		Gender:	Preferred Language:
Who are your health insurance providers?			
Who referred you to Jackson County Mental Health?		Who is your primary care doctor?	
		<input type="checkbox"/> I do not have one	
<b>Residence Address</b>	Street Address	City	State      Zip
<b>Mailing Address (if different)</b>	Street Address or PO Box	City	State      Zip
<b>Primary Phone</b>	Ok to leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Ok to leave text message? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Emergency Contact Phone</b>	Name and Relationship		
			Ok to leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian/Caregiver Contact Information			
<b>Applicant's parent (if applicant is a child)</b>			
Name:	Phone:	Ok to leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City, State, Zip:	
<b>Applicant's parent (if applicant is a child)</b>			
Name:	Phone:	Ok to leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address:		City, State, Zip:	
<b>Applicant's legal guardian*</b>			
Name:	Phone:	Ok to leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address:		City, State, Zip:	
<b>Applicant's foster or residential care provider</b>			
Name:	Phone:	Ok to leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address:		City, State, Zip:	

*\*Legal guardians – please provide a copy of your guardianship documentation.*

**I have been offered a copy of Jackson County's Notice of Privacy Practices and had a chance to ask questions about how my health information will be used. I hereby consent to participate in my treatment and the planning of my services with Jackson County Mental Health. I consent to the transmission of the form and other health information via electronic means, including email.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Self      Parent      Legal Guardian