

**myHealth Mental Health Registration Form**  
Label Here

**Name- (Legal/Full):**

\_\_\_\_\_ **Nickname** \_\_\_\_\_  
(Last) (First) (MI)

**Birth Date:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **SS #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **County:** \_\_\_\_\_  
\_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Do you have stable housing?** YES NO

**Do you have access to reliable transportation on a day-to-day basis?** YES NO

Car  Bus/light rail  Bike  Other \_\_\_\_\_

**Are you 17 or younger?** YES NO

IF YES:

**Do you live apart from your parents?** YES NO

**Do you live with a legal guardian who is not your parent?** YES NO

**We need the following information for our funding reports:**

**What is your race?** <sup>1</sup> African/Black <sup>2</sup> African American/Black <sup>3</sup> Asian/South East Asian  
<sup>4</sup> American Indian/Native American <sup>5</sup> Multi-racial/Bi-racial <sup>6</sup> White <sup>7</sup> Other <sup>8</sup> Other Pacific Islander  
or Native Hawaiian

**What is your ethnicity?** <sup>1</sup> Latino/Hispanic <sup>2</sup> Not Latino/Hispanic

**How did you hear about myHealth?** <sup>1</sup> Ad (Code: \_\_\_\_\_) <sup>2</sup> Church/Synagogue/Other Faith  
Community <sup>3</sup> Community Event/Parade <sup>4</sup> Drive-by/Walk-in <sup>5</sup> Facebook/Twitter/YouTube  
<sup>6</sup> Family Member Referral <sup>7</sup> Friend Referral <sup>8</sup> Phone/Text/App <sup>9</sup> Physician Referral <sup>10</sup> Poster  
<sup>11</sup> School Nurse/Counselor Referral <sup>12</sup> School Speaker <sup>13</sup> TV/Radio <sup>14</sup> Website  
<sup>15</sup> Other \_\_\_\_\_

**What school do you go to (if any)?** \_\_\_\_\_

**Preferred Language?** \_\_\_\_\_

**Phone number we can call for reminders and follow-up:** \_\_\_\_\_

**Whose number is it? Please circle:** Client Parent Guardian Other

**Can we text you at the above number to remind you of your appointment or ask you to call myHealth?** YES NO \*Standard messaging and data rates apply!\*

**Emergency contact name/relationship:** \_\_\_\_\_ **Emergency contact #:** \_\_\_\_\_

**How many people are in your household?** \_\_\_\_\_ **Please estimate your weekly household income (if 18+ count only yourself):** \$ \_\_\_\_\_