LAKE COUNTY HEALTH DEPARTMENT and COMMUNITY HEALTH CENTER
Behavioral Health Services

MH EXISTING CLIENT REGISTRATION FORM

Staff: _____ Date: _____

Name: Last: _____ First: _____ MI: _____

Date of Birth: _____

1. Any change in where you live?

☐ No

☐ Yes – New Address:

_____

City: _____ State: _____ Zip Code: _____

2. Any change in your phone number?

☐ No

☐ Yes – New Phone: _____

3. Any change in your living arrangement or the number of people in your house?

☐ No

☐ Yes - fill out below

☑	Residential Arrangement
	Homeless
	Jail or Correctional Facility/Institution
	Other Institutional Setting
	Other Residential Setting-Client Supervised
	Other Residential Setting-Client Unsupervised
	Private Residence-Client Supervised
	Private Residence-Client Unsupervised
	Skill/Intermediate Care Nursing Facility
	State Operated Facility
	Other
	Unknown

☑	Household Composition	# of People In Household (including yourself)
	Lives Alone	
	Lives With One Or More Relatives	
	Lives With Non-Related Persons	
	Unknown	

4. Emergency Contact:

Name_____Relationship_____Phone_____

Client Name: _____ Medical Record #:_____

5. Any change in your Education Level?

☐ No

☐ Yes – highest level/grade completed _____

6. Any change in your Medicaid / Medicare / Insurance?

☐ No

☐ Yes – fill out Insurance Coverage Form

Client Name: _____ Medical Record #:_____