

Utah Healing Center

5284 S. Commerce Dr. Suite C-134 ♦ Murray, UT 84107 ♦ Phone: 801-266-4643 ♦ Fax: 801-266-4775

Mental Health Event Record

As a Medicaid provider, we are required to collect certain information. We realize this information is of a sensitive nature and will be kept strictly confidential and used only for its intended purposes in reporting to Medicaid. If you are concerned about our collection of this information, please contact your Medicaid case-worker, or Optum Behavioral Health at (877) 370-8953.

NAME		DOB		RACE		DATE	
Name of parent or legal guardian (if a minor):							

Please circle or write in the appropriate answer as it applies to you (Parents fill it in for your children). Thank you.

Who referred you to Utah Healing Center?										
Are you married?	No	Yes	Separated	Divorced	Widowed	Are you currently a student?	Yes	No		
Complete number of years in school:	Elementary 1,2,3,4,5,6			Junior high 7,8		High School 9,10,11,12 (GED)	College 13,14,15,16,17,18,19,20+			
Do you have any military history?	No		Active	Veteran	How many family members live at home with you?					
Do you smoke or use tobacco?	Never		Former	Some Days	Every Day	What language do you prefer to speak?				
What is your employment status?	Unemployed		Part time (<35 hours)	Full time (>35 hours)	Retired	Student	Homemaker	Disabled	Looking for work	
What is your gross monthly income?				Have you been arrested in the past 30 days?		No	Yes	If yes, how many times?		
Have you ever been in counseling before?	No	Yes	Have you ever treated for mental health at the Utah State Hospital?		No	Yes	Have you ever been in counseling at Utah Healing Center Before?		No	Yes
Do you take any of the following medication?	Clozapine (Clozaril)			Risperdone/ Ziprasidone		Olanzapine (Zyprexa)		Quetiapine (Seroquel)		

CLIENT SIGNATURE

DATE

PARENT/LEGAL
GUARDIAN SIGNATURE

DATE

WITNESS' SIGNATURE

DATE