



**Center Street
Community
Health Center**



**Morrow Family
Health Center**

Welcome to the Center Street Community Health Center & Morrow Family Health Center Behavioral Health Department!

Choosing a healthcare home is a very important decision for your life and the lives of your family members.

We are so pleased you chose us for your Behavioral Health needs.

What is Behavioral Health and why is it so important?

Behavioral health includes your thoughts, feelings, and how you connect with the world. It helps determine how you handle stress, relate to others, and make choices. Behavioral health is important at every stage of life, from childhood and adolescence through adulthood. Good behavioral health helps you cope with problems and enjoy life.

What are Behavioral Health Services?

Behavioral Health Services include many types of therapy and counseling. They can help you, your child, and/or your family in positive ways. They can help you or your child better understand life situations, change behavior(s), and move toward resolving difficulties. The providers at Center Street Community Health Center and Morrow Family Health Center use their certified knowledge of human development and behavior to observe situations and make suggestions for new approaches that might help bring positive solutions. For effective outcomes from treatment, it will be important that you or your child examine feelings, thoughts, and behaviors. Also, it is important that you or your child be willing to try new approaches and that you or your child have a willingness for change to occur.

What are possible risks and benefits of treatment?

The services we offer can have risks and benefits. Since treatment often involves discussing unpleasant aspects of your life or the lives of your family, some risks may include experiencing uncomfortable feelings like sadness, guilt, anger, frustration, and helplessness. If your child is the patient, be aware that he or she may be experiencing these feelings as well. Expected benefits of treatment include: better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees to what you or your child will experience.

What are the techniques and goals of treatment?

There may be alternative ways to effectively treat the problems you or your child are experiencing. It is important that you discuss any questions you may have regarding any techniques your provider may recommend as treatment options and that you give input into setting the goals for treatment. As treatment progresses, these goals may change. You, your child, and your provider will jointly determine how to effectively meet the goals you are seeking.

What type of relationship with our providers is expected?

Relationships with the providers of Center Street Community Health Center and Morrow Family Health Center are professional and therapeutic. In order to preserve this relationship, it is important that you and the providers not have any other type of relationship. Personal or business relationships undermine the effectiveness of the therapeutic relationship. In order for your care to continue in the most effective, positive manner, providers are not in a position to be a friend. No business, social, or personal relationship, including any social media connection, is allowed between the providers and a patient.

Thank you for your visit today.

Center Street Community Health Center

136 West Center Street Marion, Ohio 43302 740-751-6380

Morrow Family Health Center

76 South Main Street Mount Gilead, Ohio 43338 419-751-9010

Find us on the web at www.centerstreetclinic.org Follow us socially on



Behavioral Health History

Child

Parent or guardian: Please fill out the following form to help us provide the best possible care to your child. Some questions may apply to a child older or younger than yours.

PLEASE ANSWER THE QUESTIONS THAT APPLY TO YOUR CHILD.

Patient Information

Patient (Child) Name: _____ Date of Birth: _____ Age: _____

Mother's Name: _____ Father's Name: _____

If Guardian is not mother/father, give name & relationship to child: _____

School District: _____ Grade: _____

Children Services Caseworker: _____ Phone: _____

Parole Officer: _____ Phone: _____

Do you have an Optometrist (Eye Doctor): ___ YES ___ NO

Do you have a Dentist: ___ YES ___ NO

Do you have a Primary Medical Provider (Family Doctor): ___ YES ___ NO

Pregnancy Information

Did mother have any illness or complications during pregnancy? (flu, diabetes, infections, high blood pressure) YES NO

If yes, please list type(s) of illness or complication: _____

Any problems with delivery: _____

Tobacco use during pregnancy? YES NO Drug use during pregnancy? YES NO If yes, what type? _____

Alcohol use during pregnancy? YES NO If yes, how much per day/week? _____

Hospitalizations

_____ Patient denies any hospitalization

Date	Location	Reason for stay	Length of stay

Past Medical History – Has your child ever had the following: _____ Patient denies any past illness

Please list all serious illnesses, operations, and other hospitalizations your child has experienced and the dates these occurred

Condition	Dates	Condition	Dates	Condition	Dates
Asthma		Epilepsy		Birth Defect	
Cancer		Depression		Migraines	
Epilepsy/Seizures		Suicidal Behavior/Thoughts		TIA	
Ulcers		Other Disease		Other Surgeries	
Other		Other		Other	

Medications - Please list all medications your child is **CURRENTLY TAKING** _____ Patient denies any medication

Current Medications	Dosage (mg)	How often per day

Allergies – Please list all food, medication, and environmental allergies _____ Patient denies any allergies

Printed name of person completing this form: _____ Relationship to patient: _____

Signature: _____ Date: _____