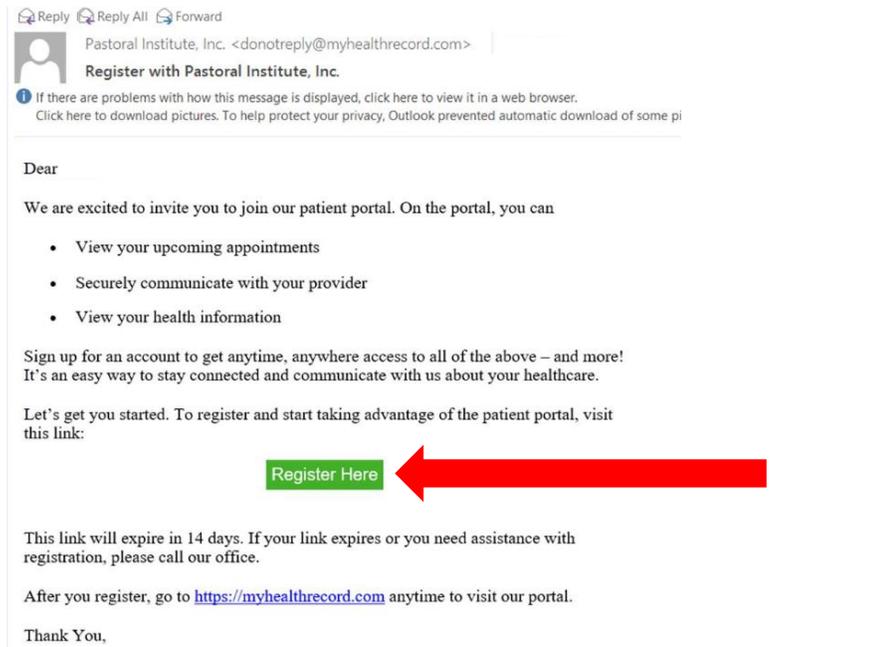


Once you receive an email invitation to the portal, follow the below steps to set up and account and return your intake paperwork.

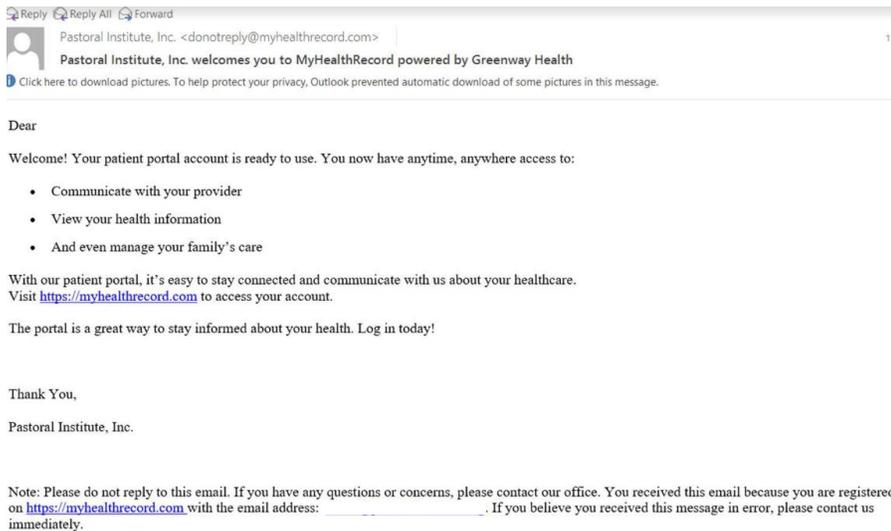
The name of the portal is **'MY HEALTH RECORD'**. You will get an email with a link to the secure portal. Please enter:

- First Name
- Last Name
- Date of Birth
- Zip Code

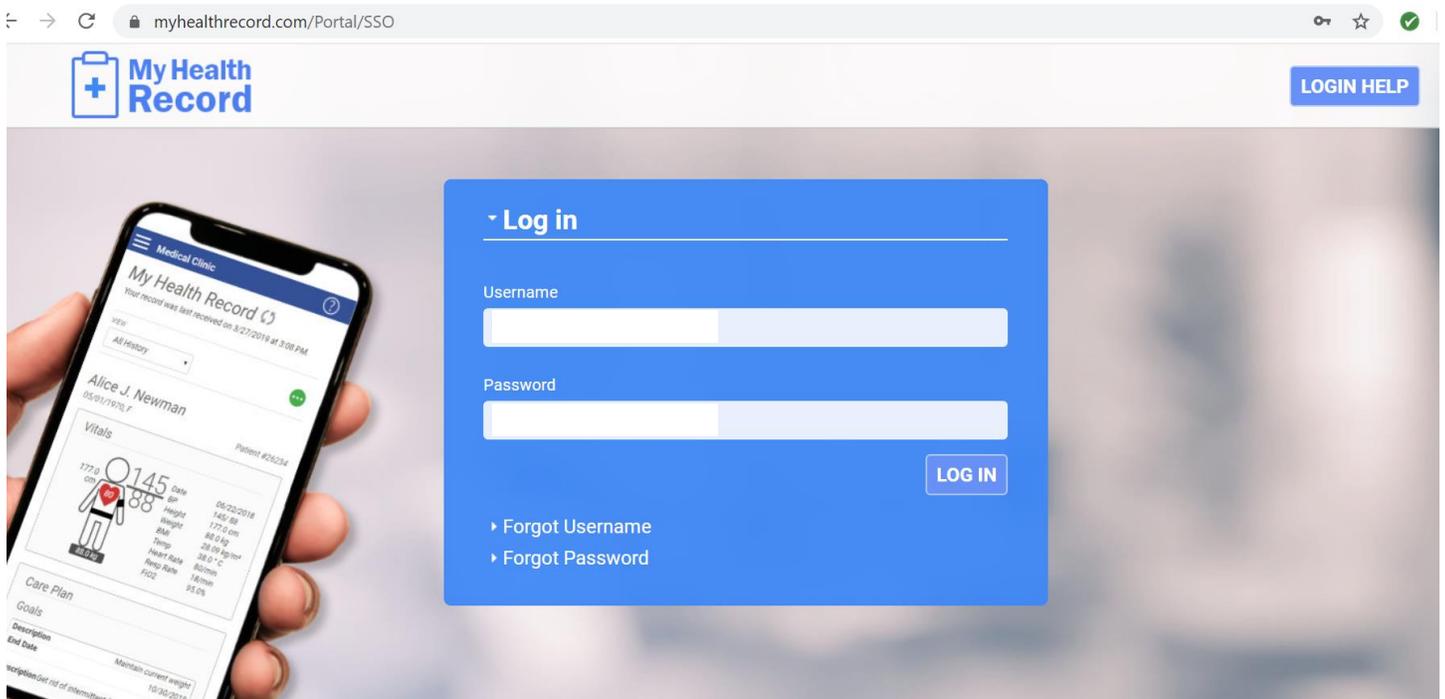
This is what you will get after you have been invited to the portal:



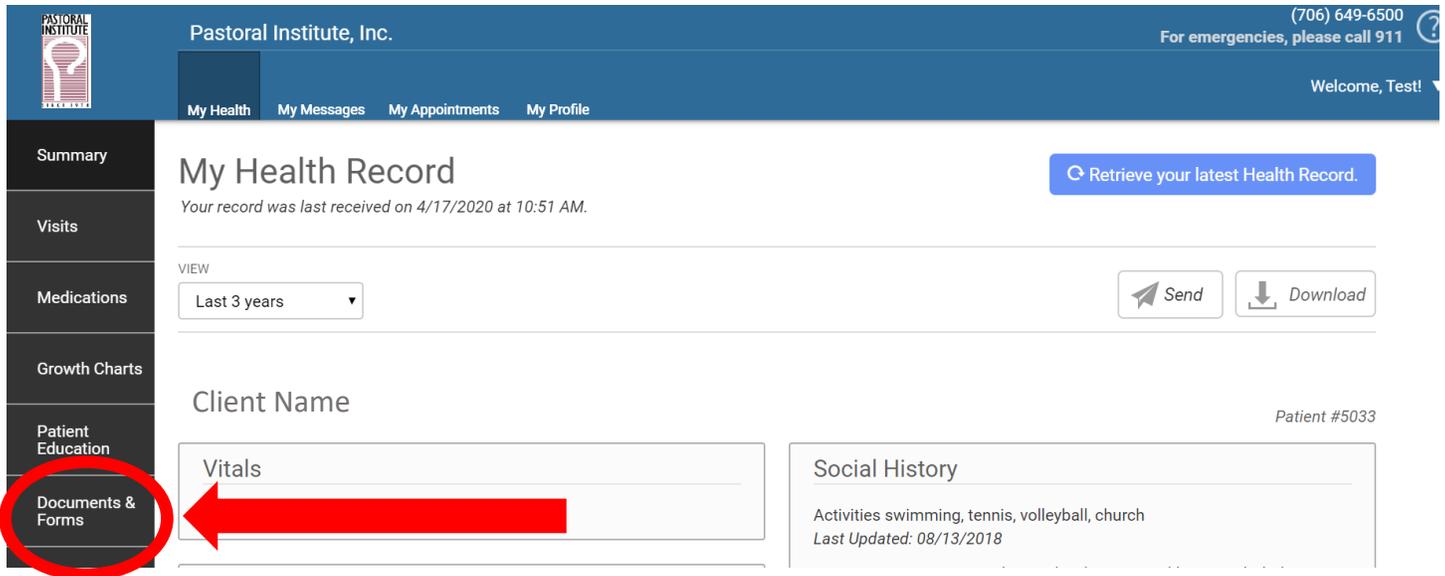
Once you register and set up your portal access you will receive this email message:



Once the portal is setup, you can log in to www.myhealthrecord.com



This is the home page If you are completing paperwork for us, it can be found in “Documents & Forms”.



Click on the appropriate form (this will open a new window) and complete the form.

Pastoral Institute, Inc.

My Health My Messages My Appointments My Profile

Summary
Visits
Medications
Growth Charts
Patient Education
Documents & Forms

Documents & Forms

New Patient

Adult Intake Forms	1.4MB PDF
Minor Client Intake Form	1.5MB PDF

A red arrow points to the 'Minor Client Intake Form' link.

Click "SAVE & PRINT"

Unless you request otherwise, if your clinician does not hear from you within ten (10) minutes, he/she will call you at the number you provided on the client information form.

If you are disconnected during a **phone session**, call your clinician back immediately. If you and your clinician are unable to reconnect via the phone, your clinician will send you a message via the client portal.

Client Full Name

Date (mm/dd/yyyy)

Full Name of Person Filling Out Form

Relationship to Client

I accept the terms of this agreement and I affirm that I, _____, am responsible for executing this agreement on the date of _____.

Complete/signed forms may also be submitted to our secure fax at (706) 649-6521

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A red arrow points to the 'SAVE & PRINT' button.

Click "Save as PDF" in drop box, then click SAVE.

PASTORAL INSTITUTE
2022 15th Avenue | Columbus, Georgia 31901
706-649-6500 | 800-649-6446 | Fax 706-649-6521

For Office Use Only:
Date of Visit: _____
Patient #: _____
Clinician: _____
Payment Type: _____
OQ: _____

Counseling Center Adult Client Information

Name: _____ Date of Birth: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Social Security #: _____ Gender: _____ Race: _____ Ethnicity: _____
Home Phone: _____ Mobile: _____ Work: _____
Email: _____
Preferred method of contact: Mobile Home Work / Voice Text Email
Employer/School: _____
Religion: _____ Church: _____
Marital Status: Single Live-In Married Divorced Widowed
Military Status: Active Veteran Disabled Retired Dependent
Spouse (if applicable): Name: _____
Date of Birth: _____ Age: _____ Social Security #: _____
Employer: _____
Emergency Contact Name: _____ Relation: _____
Home/Cell Phone: _____ Work Phone: _____
Address: _____

Financial and Insurance Information

Primary Insurance: _____ Policy/Member ID #: _____
Policy Holder's Name: _____ Policy Holder's Social Security #: _____
Policy Holder's Date of Birth: _____ Policy Holder's Employer: _____
Secondary Insurance: _____ Policy/Member ID #: _____
Policy Holder's Name: _____ Policy Holder's Social Security #: _____
Policy Holder's Date of Birth: _____ Policy Holder's Employer: _____

In order to file your insurance, we must have a copy of your insurance card(s).

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Print 9 pages
Destination Save as PDF
Pages All
Pages per sheet 1

Save Cancel

After the completed document is SAVED, CLICK "My Messages"

PASTORAL INSTITUTE
SINCE 1974

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My Health My Messages My Appointments

Summary
Visits
Medications
Growth Charts
Patient

Documents & Forms

New Patient

Adult Intake Forms	1.4MB PDF
Minor Client Intake Form	1.5MB PDF

Click "+New" to start a message

Pastoral Institute, Inc. (800) 619-0000
For emergencies, please call 911

My Health My Messages My Appointments My Profile Welcome, Test! ▼

Inbox ▾ + New

Administrative Office (2)
RE: practice intake
We have received your information and will be call...

Administrative Office (2) 04/15/2020
RE: informed consent
return form

Administrative Office (2) 04/15/2020
RE: this is a test
successful registration

DO NOT SELECT A PROVIDER for return on intake paperwork!!!

(NOTE: Once you are established as a client and your paperwork is successfully submitted you will be able to communicate with your clinician through 'My Messages')

New Message

IMPORTANT: In case of emergency, call 911 or go to the nearest emergency room. Messaging should be limited to non-emergency communications and requests.

To: Select Provider

I would like to... Please choose

In this drop box, choose "ask a general question"

How can we help you?

Maximum subject length is 50 characters.

[Change question type](#)

Here type "intake paperwork"

Anything else you would like us to know?

Type your notes here

Attach File Send Cancel

Here type "attached is my completed paperwork"

Click "Attach a File". Attach the file with the completed paperwork.
It may say "Attaching your file. This may take up to a minute"
Then Click SEND

How can we help you?

Maximum subject length is 50 characters.

[Change question type](#)

Anything else you would like us to know?

Here is my intake paperwork.

• practice 2.pdf x

Send Cancel