



INTAKE FORM

Date of call: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_ Marital Status: Mar. Sin. Div. Sep. Wid.

Home Phone: \_\_\_\_\_ Spouse or Parent Names: \_\_\_\_\_

May we call you at home: Y N \_\_\_\_\_

Email address: \_\_\_\_\_ Mailing List? Y N

Employer: \_\_\_\_\_ If client is student: \_\_\_\_\_

Work Phone: \_\_\_\_\_ School: \_\_\_\_\_

May we call you at work: Y N Cell Phone: \_\_\_\_\_

Therapist Requested: \_\_\_\_\_

Referral Source: Reactivation Current/former client Friend Church Pastor School Business Doctor Insurance Co. Lawyer Yellow Pages Event Internet Other \_\_\_\_\_

Name & Contact info for referral source \_\_\_\_\_

INSURANCE INFORMATION:

Insurance Co.: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ DOB: \_\_\_\_\_

Employer: \_\_\_\_\_ SS#: \_\_\_\_\_

Informed client to contact insurance regarding coverage, co-pays and deductibles.

What is the deductible? \_\_\_\_\_ What is the co-pay? \_\_\_\_\_

Does the plan provide for outpatient counseling? Percent of coverage?

What credentials does the provider need to have for coverage to be considered? PhD LMSW LLP LPC Requires supervision by LP

TIMES AVAILABLE FOR APPOINTMENTS:

May we mail an information packet to you at the above address? Y N Get from Internet

APPOINTMENT TIME SCHEDULED:

Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm THERAPIST: \_\_\_\_\_

Intake packet sent: \_\_\_\_\_ Chart made: \_\_\_\_\_ Entered on Referral Tracking Sheet: \_\_\_\_\_

Entered in Appt. book: \_\_\_\_\_

PRESENTING PROBLEM: