INTAKE FORM

Date: _____

Client Name: _____ ☐**Adult** ☐**Child** ☐**Re-Open**

Address: _____ **School:** _____ **Grade:** ___

City: _____ **State:** __OH__ **Zip:** _____

Home Phone: _____ **Cellphone:** _____

Sex: _____ **DOB:** _____ **SSN:** _____ **Employer:** _____

Emergency Contact Info (Name, Phone #, Relation to Client) _____

Previous Client? ☐Y ☐N **If yes, under what name, when seen, which therapist?**

_____

Referred by: (Name/Phone Number):_____

If client is a minor, parent/guardian fill out section below

Which are you? ☐ Parent ☐ Guardian If Guardian, **custody papers are required at the time of the assessment.**

Parent/Guardian	Sex	DOB	SSN	Employer

Number of children in home _____ **Ages:** _____

Who carries insurance? ☐ Client ☐ Parent ☐ Guardian, Relationship to Client? _____
If it is a relative, we need Insurance Card, DOB and SSN of individual carrying the insurance at the time of assessment.

Payment Information: (check all that apply):

- ☐Private Insurance ☐Medicaid ☐Medicare ☐Other
- Self-Pay- Gross Income $ _____ Fee: $_____

Problem Description: (who made initial call?)

Availability:_____

1st Appointment Date: _____ ***Time:*** _____ ***AM☐ PM☐ SGFLD ☐ UR☐ BEL☐***

Cancel DNKA Reschedule R/S Date:_____

Counselor: _____ **LM:** _____