AM []	
INTAKE DATE / / TIME : AM CALLER	RELATIONSHIP INTAKE CLERK
Referred By Self CYS Insurer OTHER MALE	
PATIENT NAME D.O.B.	/ / Age Sex Female 🗍
PARENT OTHER PARENT/SPOUSE NAME SPOUSE EXPL	
Address	PHONE(
	LEAVE MESSAGE YES NO
MARRIED □ CYS □ OTHER □ (EXPLAIN)	
CUSTODY SEPARATED/DIVORCED MOTHER FATHER JOINT	Legal Guardian
EMERGENCY CONTACT RELATIONSHIP	PHONE(
PRIMARY	SECONDARY
CHECK IF SELF PAY	CHECK IF NO SECONDARY INSURANCE
Insurance Company Name	Insurance Company Name
Insurance Company Phone () -	Insurance Company Phone () -
CARD ISSUE # INSURANCE ID# IF M.A.	Card Issue # Insurance ID # If M.A.
GROUP #	GROUP #
SUBSCRIBER'S NAME PATIENT	SUBSCRIBER'S NAME PATIENT
SUBSCRIBER DOB / / PHONE () -	SUBSCRIBER DOB / / PHONE () -
EFFECTIVE DATE / / VISIT LIMIT	EFFECTIVE DATE / / VISIT LIMIT
COVERAGE CO-PAY DIAGNOSIS	COVERAGE DEDUCTIBLE CO-PAY DIAGNOSIS
AUTHORIZATION#EXCLUSION	AUTHORIZATION # EXCLUSIONS
VERIFICATION AM ☐ DATE / / TIME : PM ☐ INSURANCE CON	TACT STAFF CALLING
	NT SYMPTOM GROUP ADDITIONAL QUESTIONS
YES NO	YES NO YES NO EFIANCE,
DEPRESSION PROBLEMS	GGRESSION, YPERACTIVITY, CURRENT OR PAST TREATMENT?
ANXIETY MOOD	(IF YES, WHERE AND WHEN?)
MARITAL/RELATIONSHIP PROBLEMS SCHOOL PROBLEMS	EVALUATION FOR LEGAL REASONS?
BEHAVIORAL PROBLEMS FAMILY PROBLEMS CONTROL TRANSPORTED TO THE PROBLEMS	(IF YES, EXPLAIN)
SUICIDAL THOUGHTS/GESTURES SUICIDAL THOUGHTS/GES PLANS PLANS	STURES FULL CUSTODIAL PARENT CALLING? OR BRING COURT ORDER
DRUG/ALCOHOL PROBLEMS DRUG/ALCOHOL PROBLEM	
OTHER OTHER	
COMMENTS:	
ASSIGNED THERAPIST: OFFERED APPOINTMENTS:	
APPOINTMENT SCHEDULED ON FIRST CALL APPOINTMENT SCHEDULED	ON SECOND CALL APPOINTMENT SCHEDULED AFTER LETTER SENT
FIRST CALL DATE / INITIALS: SECOND CALL DATE /	/ INITIALS: LETTER SENT DATE / / INITIALS: APPOINTMENT TIME: AM
SCHEDULED BY: INITIAL APPOINTMENT DATE	APPOINTMENT TIME: AM