

## INTAKE FORM

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**\*\*Information required for insurance**

**Client/Patient Information:**

\*Name \_\_\_\_\_  
(First, MI, Last)

Soc Sec # \_\_\_\_-\_\_\_\_-\_\_\_\_

\*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Address \_\_\_\_\_

\*City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Home: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_-\_\_\_\_

E-mail \_\_\_\_\_

Contact at this number? Yes / No

Contact at this number? Yes / No

Contact at this number? Yes / No

May we contact? Yes / No

**Responsible Party:** *(parent / legal guardian that is responsible for billing)*

\*Name \_\_\_\_\_  
(First, MI, Last)

Soc Sec # \_\_\_\_-\_\_\_\_-\_\_\_\_

\*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Address \_\_\_\_\_

\*City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

**Relationship? (circle one)** Mom / Dad / legal Guardian

(Mom / Dad) / Legal Guardian Names : \_\_\_\_\_

**Please bring all insurance card(s) to initial visit**

**Insurance / Policy Holder Information:**

\*Name \_\_\_\_\_  
(First, MI, Last)

Soc Sec # \_\_\_\_-\_\_\_\_-\_\_\_\_

\*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Address \_\_\_\_\_

\*City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

**Relationship? (circle one)** Mom / Dad / legal Guardian

\*Insurance Plan: \_\_\_\_\_

(primary)

(secondary)

**Emergency Contact:** \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

**How did you hear about us?**

Social Media

- Facebook
- Instagram
- Twitter

Magazine

- Family
- Friend
- Dr. Referral : \_\_\_\_\_

Search Engine

- Psychology Today
- Our Website
- Other : \_\_\_\_\_