



ADULT INTAKE FORM

NAME _____ DATE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELL PHONE _____
EMAIL _____ DATE OF BIRTH _____ SOC. SEC. # _____

Do we have permission to leave a detailed message regarding appointments, etc. on your
Cell Phone Y N Home Phone Y N Email Y N

EMPLOYER _____ OCCUPATION _____
LEGNTH OF EMPLOYEMENT _____ WORK PHONE _____
ADDRESS _____

MARITAL STATUS: __Single __Married __Widowed __Divorced __Separated
SPOUSE NAME _____ SOC. SEC. # _____ DOB _____
EMPLOYER _____ OCCUPATION _____
ADDRESS _____
WORK PHONE _____ CELL PHONE _____

1ST INSURANCE COMPANY _____ PHONE _____
MENTAL/BEHAVIORAL HEALTH DIV. _____ PHONE _____
POLICY # _____ GROUP# _____ POLICY HOLDER _____
2ND INSURANCE COMPANY _____ PHONE _____
MENTAL/BEHAVIORAL HEALTH DIV. _____ PHONE _____
POLICY # _____ GROUP# _____ POLICY HOLDER _____

REFERRED BY _____ PHONE _____
ADDRESS _____
REASON FOR REFERRAL _____

Dx:

For office use only

HCVA:

For office use only