

Initial Intake Form

(Read instructions for each section, complete sections that apply to you)

Date of First Session: / / Therapist: _____

Name (of Patient): _____ Gender: _____ DOB: _____ / _____ / _____

Home # _____ Work# _____ Cell# _____ Other# _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail address: _____

Partner (if couples therapy): _____ Gender: _____ DOB: _____

Home # _____ Work# _____ Cell# _____ Other# _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail address: _____

Referred by: _____

Insurance Private pay

General Information

(Include information for self and partner for couples therapy)

Presenting Problem: _____

Medications: _____

Medical Problems: _____

Previous Psychotherapy: _____

Alcohol/Substance Use: _____

Insurance Information

(Only complete this section if wanting to file with PPO insurance plan for reimbursement)

Insurance Company Name: _____ Phone #: _____

Insured: _____ S.S./I.D.#: _____ DOB: _____

Employer Name: _____ Group #: _____