

PHONE INTAKE



Caller's Name: \_\_\_\_\_ Referred By: \_\_\_\_\_

**CLIENT INFORMATION**

**Client's Name:** \_\_\_\_\_ **Relationship to Caller:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Best Number to reach you?** \_\_\_\_\_

**Times of availability for counseling appointments:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:** M/F

**Nature of the Problem:** \_\_\_\_\_

**Duration of the Problem:** \_\_\_\_\_ **Assaultive:** Yes/No **Alcohol/Drugs:** Yes/No **Suicidal:** Yes/No

**If yes explain:** \_\_\_\_\_

**Previous Counseling:** Yes/No **If Yes with who:** \_\_\_\_\_ **when** \_\_\_\_\_

**If yes, why was previous counseling terminated?** \_\_\_\_\_

**Marital Status:** S M D W Sep. **How Long Married/Divorced/Widowed/Separated:** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Childrens' Names and Ages:** \_\_\_\_\_

**IF CLIENT IS A MINOR**

**Name of Primary Caregiver(s):** \_\_\_\_\_ **Relationship to Client:** \_\_\_\_\_

**Place of Education:** \_\_\_\_\_ **How Long?** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Performance:** \_\_\_\_\_

**Siblings' Names and Ages:** \_\_\_\_\_

**ADMINISTRATIVE**

**How were you planning on paying for the counseling:** Out of pocket? \_\_\_\_\_ Insurance? \_\_\_\_\_

**Fees Quoted:** Intake \_\_\_\_\_ OV \_\_\_\_\_ **Sliding Scale:** Y/N **Estimated Annual Income:** \_\_\_\_\_

**Mental Health Insurance Provider:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Insured's Name:** \_\_\_\_\_ **Insured's Policy Number:** \_\_\_\_\_

**Insured's Employer:** \_\_\_\_\_

**Client Relationship to Insured:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

Do you want to be added to the mailing list? \_\_\_\_\_ Yes \_\_\_\_\_ No **Email Address:** \_\_\_\_\_