

Case Code: _____ - _____ - _____ .

Today's Date: _____

Intake Information:

<i>If client is a minor:</i>		
Parent's Last Name	Parent's First Name	
Last Name	First Name	
Street Address		
City	State	Zip
Home Phone	Cell Phone	Work Phone
Email:		
DOB	Social Security Number	
Gender:	Race:	Language:
Relationship Status:	Employment Status:	

Insurance Information:

Name of Insured Last Name	First Name	Relationship
DOB	Social Security Number	
Insurance Company – PRIMARY	Insurance Company – SECONDARY	
Insurance ID #	Insurance ID#	
Group Number:	Group Number:	
Insurance Address:	Insurance Address:	
Insurance Phone:	Insurance Phone:	

Choices Staff Only:

Deductible: ___ Met		CoPay:
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