

**Psychotherapy Associates INTAKE INFORMATION**

**Date:** / / 20\_\_

Client Name: \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Phone: (H) \_\_\_\_\_ ( ) (W) \_\_\_\_\_ ( )

(cell) \_\_\_\_\_ ( ) Email \_\_\_\_\_ ( )  
( \* )asterick denotes preferred contact

Date of Birth \_\_\_\_\_

Parents

Father \_\_\_\_\_ Mother \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Policy holder's name \_\_\_\_\_

Insurance \_\_\_\_\_ Policy holder's date of birth \_\_\_\_\_

ID # \_\_\_\_\_ Group # \_\_\_\_\_

How did you find out about our services? \_\_\_\_\_

**APPOINTMENT WITH** \_\_\_\_\_

**DATE** \_\_\_\_\_ **TIME** \_\_\_\_\_ **OFC: CBG / MTLEBO**

**Checklist**

**benefits verified/ Results:**

**Benefits entered into PF**

**email client with confirmation/directions**

**client entered into PF profile and appt**

**email sent to provider re appt.**

**UPLOAD intake into PF**

**authorization needed and gotten on date** \_\_\_\_\_

**Miscellaneous Notes:**