

Middletown Counseling Intake Form

Inquiry Date _____

Previous Client? Y N

Caller Name _____

Caller's Phone Numbers

1. Home _____

2. Work _____

3. Cell _____

Client's Name _____ DOB _____

SOCIAL SECURITY # (FOR ELECTRONIC BILLING PURPOSES) _____

Subscriber's Name _____ DOB _____

Employee Assistance Program? _____ Company _____

Auth Number _____ Number of Visits _____

Please remind client to call for authorization number & amount of visits authorized if unknown.

OR

Type of Insurance _____

ID # _____ Group # _____

Phone # on the back of the card for mental health/substance abuse preauthorization:

Requesting Therapist _____

Service Location _____

Problem: _____