

Intake Cover Page for ADULTS

This form is required for your file. The information is needed for claims and/or auditing purposes. Please fill in all areas. "Client" & "Patient" refer to person seeking services. "Member" refers to the person who carries the insurance policy.

Client Name _____
FIRST NAME MIDDLE INITIAL LAST NAME

Client Address _____
STREET City State Zip Code

Primary Phone Number: _____ Accept texts? Yes No
Do we have permission to leave you a message at this number? Yes No

Secondary Phone Number: _____ Accept texts? Yes No
Do we have permission to leave you a message at this number? Yes No

INSURANCE INFORMATION

Member's Name _____ Member's Employer _____

Insurance Carrier _____ Group # _____

Member ID # _____ Member's Date of Birth _____

Patient ID # _____ Patient's Date of Birth _____

Patient relationship to member: SELF SPOUSE CHILD/DEPENDENT

Refer to your insurance card for the following phone numbers:

Member Services _____

Behavioral/Mental Health _____

Provider Hotline _____

Patient's Gender _____ Religious Preference _____

Patient's Marital Status Single Married Widowed Separated Divorced

Today's Date _____ Date of first scheduled appointment _____

Whom can we thank for your referral to North Shore Counseling?

PERSONAL REFERENCE _____

INTERNET: GOOGLE BING YAHOO OTHER _____

INSURANCE COMPANY WEBSITE _____

Emergency Contact (Name, Phone, & Relationship):

My Therapist is _____

Session Fees & Copays: Due at the beginning of each appointment. Payment can be made by cash, check, or credit card. Pay the therapist directly.

Checks should be made payable to North Shore Counseling, Ltd.