

FRESH START COUNSELING SERVICES, LLC

INTAKE FORM

IDENTIFYING INFORMATION

Name: _____ Date: _____
Male ___ Female ___ Age: _____ Date of Birth: _____ Marital Status: ___ S ___ M ___ D ___ W ___ Separated
Brief Description of Problem: _____

Will anyone else be attending sessions with you? ___ Yes ___ No If Yes, Name: _____
Relation: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ OK to call home? ___ Yes ___ No OK to Leave Message? ___ Yes ___ No

Cell Phone: _____ OK to call cell? ___ Yes ___ No OK to Leave Message? ___ Yes ___ No

Special calling instructions? _____

Business phone: _____ OK to contact you at work? ___ Yes ___ No OK to Leave Message? ___ Yes ___ No

Special calling instructions? _____

E-Mail Address? _____ OK to email? _____

How did you learn about my services? _____

INSURANCE INFORMATION

Policy Holder/Subscriber Name (if different from above): _____ DOB: _____

Policy Holder/Subscriber SSN: _____

Insurance Company: _____ Deductable: \$ _____ Has it been met? _____

Copayment (amount not covered by your insurance for each visit): \$ _____

Policy Number: _____ Group Number: _____

Insurance Phone Number: _____ Address: _____

Who will pay noninsured balance? _____ If you are required to get pre-authorization,
have you done so? ___ Authorization #: _____ # visits authorized: _____

OTHER INSURANCE

Spouse's Insurance (if any): Name: _____ Plan: _____

Spouse's DOB: _____ Policy #: _____ Group #: _____

Deductable: \$ _____ Has it been met? _____

Copayment (amount not covered by your insurance for each visit): \$ _____

Address and phone number you want us to use when sending bills or when we need to contact you? ___ Same as above

___ Home # ___ Cell # ___ Business #

Permission to verify insurance information? ___ Yes ___ No

Please come 10 minutes prior to session to complete additional paperwork – or it will interfere with your scheduled appointment time. It would also help if you can make a copy of your insurance card and license, both front and back.