

Intake Form

CLIENT INFORMATION:

Today's Date: ___/___/___ Client Name: _____

Social Security #: _____ - _____ - _____ DOB: ___/___/___ Age: _____

Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

May we text you appointment reminders?

At which phone(s) may we leave a message? H ___ C ___ W ___

E-Mail Address: _____

May we email you practice information?

Marital Status: Married ___ Single ___ Divorced ___ Widowed ___ Partnered ___

If Married/Partnered, how long: _____

Spouse's/Partner's name: _____

Name of GUARDIAN and relationship if Client is under 18 years old:

Guardian Home Phone: _____ Guardian Cell Phone: _____

Guardian Work Phone: _____

May we text the guardian appointment reminders?

At which phone(s) may we leave a message? H ___ C ___ W ___

Other important people for the client (please include name, age, relationship):

BENEFIT INFORMATION:

Client Name: _____ Date of Birth: ____/____/____

If you are utilizing an insurance benefit, please enter the following:

Policyholder: _____ Date of Birth: ____/____/____

Employer: _____

Policyholder Address: _____

Name of Insurance Company: _____

Insurance ID Number: _____ Insured Group Number: _____

If you are utilizing an Employee Assistance Program (EAP) benefit, please enter the following:

Employee: _____ Date of Birth: ____/____/____

Employer: _____ EAP Company: _____

Number of Sessions: ____ Authorization #: _____

ASSIGNMENT OF BENEFITS: The undersigned hereby authorizes the release of any information relating to all claims for benefits submitted on behalf of myself and/or dependents. I further expressly agree and acknowledge that my signature on this document authorizes Sacred Art Counseling and Wellness, LLC to submit claims for benefits for services rendered or to be rendered, without obtaining my signature on each claim to be submitted for myself and/or dependents, and that I will be bound by this signature as though the undersigned had personally signed the particular claim.

Signature of Subscriber: _____

What made you choose Sacred Art Counseling? (Check all boxes that apply.)

- I am a returning client
- Another client recommendation
- Sacred Art Counseling and Wellness website
- Insurance company
- Employee Assistance Program
- Internet
- Another counselor's referral _____
- School recommendation _____
- Hospital/Doctor recommendation _____
- Church/synagogue/mosque recommendation _____
- Other _____

By my signature below, I certify the information I provided on and in connection with this form is true and correct to the best of my knowledge.

Client's Signature _____ Date _____

Guardian's Signature _____ Date _____

(If client is under 18 years old)