

Sullivan Mental Health Services, LLC
Client Intake Information Sheet

Client Information:

Name: Last _____ First _____ Today's Date: _____

Address: _____ City _____ State _____ Zip Code _____

Phone: Home (_____) _____ - _____ Work (_____) _____ - _____ Cell (_____) _____ - _____

Which phone number do you prefer we use? (Circle) **H** **W** **C** May we leave a message? (Circle) **Y** **N**

Marital Status: _____ (S – Single, M – Married, W – Widowed, D – Divorced, SP – Separated)

Sex: _____ Date of Birth: _____ Age: _____ Social Security # _____ - _____ - _____

Employer: _____ Occupation: _____

Were you referred to our office? (Circle) **Y** **N** If yes, by whom? _____

Responsible Party: (List either the name of the organization or of the person who is financially responsible for your account.)

Name of Organization: _____

Individual's Name: Last _____ First _____

Address: _____ City _____ State _____ Zip Code _____

Phone: Home (_____) _____ - _____ Work (_____) _____ - _____ Cell (_____) _____ - _____

Insurance Information:

Please be advised that by allowing us to bill your insurance company you understand that auditors from that company have the right to inspect and read your file. Your diagnostic information is submitted to your insurance company after each session. Confidentiality is not preserved when insurance companies are billed. If you do not want us to bill your insurance company you will be responsible for the full cost of service at each session.

- € I decline to have my insurance billed for services and I understand that I must pay the full cost at the time of service.
- € I accept the above statement and authorize Sullivan Mental Health Services, LLC to bill my insurance using the information below.

Insurance Policy Holder Information:

Name: Last _____ First _____ Relationship to Client: _____

Sex: _____ Date of Birth: _____ Age: _____ Social Security # _____ - _____ - _____

Employer: _____ Occupation: _____

Insurance Company Name: _____

Address: _____ City _____ State _____ Zip Code _____

Policy #: _____ Group #: _____ ID #: _____