Intake Questions

1. Patient's name:
2. Date of birth:
3. Contact number:
4. Email:
5. Patient’s health insurance:

Commercial/through the employer or Medicare/Medicaid:

Member ID Number:

Insurance Group:

1. Primary Reason to be seen:
2. Any eating disorders?
3. Current Meds:
4. Are you currently in treatment?
5. Substance use issues and/or history?
	1. Currently taking Suboxone (treatment or street)?
	2. Past Suboxone treatment?
	3. Any other current substance use?
	4. Previous detox/inpatient treatment?
6. Medical problems: high blood pressure (medicated) -
7. Legal issues:
8. Have you seen any psychiatrists before? Name of the Physician/Nurse Practitioner:
9. Referred by: