

# Request for Service

Request Date: \_\_\_\_\_ Screened by: \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever been seen here in this practice before? No \_\_\_ Yes \_\_\_ Year \_\_\_\_\_

Client Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Cell# \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

Person Calling/Relation: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Availability for Sessions:  Day  Evening Day(s) of Week \_\_\_\_\_

Requested Clinician Preference: Male/Female Other Preferences: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ ID# \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ ID# \_\_\_\_\_

Prior Treatment: \_\_\_\_\_

Mental Health Meds? \_\_\_\_\_

Prescriber: \_\_\_\_\_

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## Members of Household

Name	Age	Relationship	Occupation	Concerns

Presenting Problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Appt Scheduled/Date & Time \_\_\_\_\_ Clinician \_\_\_\_\_

**\*\*\*PLEASE REMEMBER TO PUT IN GOOGLE DOCS AFTER SCREENING CALL\*\*\***