

CHELMSFORD BEHAVIORAL HEALTH, LLC

Mental Health Intake Form

EMAIL THIS FORM TO NLOASISBEHAVIORALHEALTH@GMAIL.COM

To request an appointment please *complete all information* on this form and *email it to the address above* .

Services requesting: ☐ Medication Management ☐ Individual Therapy.

Name _____ Address _____

City _____ City _____ Zip _____ DOB _____

Phone Number _____

Email _____

Primary Care Physician _____

Do you give permission for ongoing regular updates to be provided to your primary care physician?

☐ yes ☐ No

What are the reason(s) for which you are seeking help? please include any mental health services and /or medications within the past year

Emergency Contact Information:
(name and phone number)

Insurance Information:

Name of Insurance

_____ ID# _____

CHECK BACK OF INS CARD

If your card states mental health services, go thru another company please list that here: _____ .Alt ID # _____