

# Oasis Behavioral Health LLC

## Mental Health Intake Form

EMAIL THIS FORM TO [NLOASISBEHAVIORALHEALTH@GMAIL.COM](mailto:NLOASISBEHAVIORALHEALTH@GMAIL.COM)

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

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

If you currently have or had mental health services within the past year, please list below:

**What are the reason(s) for which you are seeking help?**

---

---

---

---

---

### 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 # \_\_\_\_\_