



3295 River Exchange Drive, Ste. 302  
 Peachtree Corners, GA 30092  
 678-587-8084

**CLIENT INTAKE FORM**

**Person completing form:** \_\_\_\_\_ **Relationship to client:** \_\_\_\_\_ **Date:** / /

**CLIENT INFORMATION**

Client's Last Name		First	Middle	Student <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of daycare/school	
Is this client's legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is client's legal name? (Preferred Name)		Birth Date / /	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F		
Street Address		City	State	Zip Code	Home Phone No. ( )		
P.O. Box		City	State	Zip Code	Cell Phone No. ( )		
Referred to Provider by (Please check one): <input type="checkbox"/> Dr. _____ <input type="checkbox"/> Insurance Plan <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other _____							
Email Address:				Alternative Email Address:			

**INSURANCE INFORMATION (PLEASE PROVIDE A COPY OF THE INSURANCE CARD)**

Person Responsible for Bill		Birth Date / /	Address (if different)		Home Phone No. ( )	
Email Address:					Cell Phone No. ( )	
Occupation	Employer	Employer Address			Work Phone No. ( )	
Is this client covered by insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this an EAP visit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Annual EAPs allowed? _____		
<b>Please select your primary insurance provider:</b>		<input type="checkbox"/> Magellan    Self-pay    Other <input type="checkbox"/> Aetna <input type="checkbox"/> Tricare ( <b>Circle:</b> Prime / Standard / Reserve Select / Retired Reserve)				
What is the authorization number (if applicable)?						
Insured's Name		Insured's Phone No.	Birth Date / /	Group #	Policy #	Co-Payment \$
Client's Relationship to Insured <input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Other _____						
Name of Secondary Insurance (if any) Insured's Name					Group #	Policy #
Client's Relationship to Insured <input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Other _____						

**IN CASE OF EMERGENCY**

Name of Local Friend or Relative (not living at same address)	Relationship to Client	Home Phone No.	Work Phone No.