Produce Opportunities Which Embrace Rehabilitation, (POWER) LLC

Private Practice - Virtual Office Location

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New Client Intake Form

Date: _____

Identifying Information:

Client's First Name_____ Last Name_____ Middle Name_____

Address _____ City_____ State_____ Zip _____

Tel.#: Home_____Work_____ Cell_____ Fax_____

Email Address: _____ Social Security #_____

Date of Birth (DOB): _____ Age: _____ Gender: Male ____ Female ____ Trans____

Race: _____ Marital Status: _____ Employment Status:_____

Current grade in school or highest grade completed_____

Spouse/Parent/Guardian_____Phone: _____

Address: _____ City_____ State_____ Zip _____

Relationship to Client: _____ Does the Parent/Guardian have legal custody of the minor? (If Minor) Please, circle one: YES___ No_____

If parent does not have legal custody, please provide custodial information:

Name: _____

Address _____ City_____ State_____ Zip _____

Reason for Referral: _____

Insurance Information:

Primary Insurance: _____ Phone: _____

Employee-based_____ Medicaid (State)_____ Member ID #_____

Group #_____ Effective Date_____ Co-pay $_____

Primary Care Physician:

Name: _____

Address _____ City_____ State_____ Zip _____

Tel._____ Fax. _____

Do you have a history of Substance Abuse? YES _____ NO_____ If yes, please give details_____

_____

_____

_____

Please answer the following questions by checking what applies:

Do you have any infection diseases? YES___ If so, list what? _____ NO___

Are you dealing with any grief/unresolved loss? YES _____ If so, list who?_____ NO___

Have you experienced any childhood trauma_____ and/or adulthood trauma_____? Please explain_____

_____

_____

Any history of mental illness? YES___ If so, list what?_____ NO_____

Are you experiencing any suicidal ideations? YES _____ NO_____

Are you experiencing any homicidal thoughts, as it pertains to self or others? YES ____ NO____

Have you ever had any inpatient and/or outpatient psychiatric treatment? YES ____ NO____ If so, list where?_____

Are you experiencing any auditory hallucinations? YES _____ NO_____

Are you experiencing any delusions? YES _____ NO_____