Intake Form

NAME: _____ MALE/FEMALE: _____DATE: _____

ADDRESS: _____

TELEPHONE: H: _____ W/OFF.: _____ D.O.B.: _____ Age: _____

HIGHEST GRADE/DEGREE: _____ REFERRAL BY: _____

PERSON AND TEL. NO. TO CALL IN EMERGENCY: _____

MARITAL STATUS: _____ FORMER/PRESENT MARRIAGE(S) (years): _____

SPOUSE NAME: _____ AGE: _____ OCCUPATION: _____

CHILDREN/STEP/GRAND (names/ages): _____

SIBLINGS (names/ages): _____

PARENTS/STEPPARENT(s) (Ages or year of death): _____

OCCUPATION/POSITION/SCHOOL:_____

PRESENTING PROBLEM: _____

MEDICAL DOCTOR(S): _____

PHONE(S): _____ LAST EXAM: _____

PAST/PRESENT MEDICAL CARE (Specify: major problems, accidents, hospitalizations, current medication): _____

CURRENT MEDICATIONS: _____

PAST/PRESENT COUNSELING/PSYCHOTHERAPY/MENTAL HOSPITALS:

1. Therapist: _____ Dates: __ to __Phone: _____ Address: _____

Initial reason: _____ Process and outcome: _____

2. Therapist: _____Dates: __ to ___ Phone: _____ Address: _____

Initial reason: _____ Process and outcome: _____

PAST/PRESENT DRUG/ALCOHOL USE/ABUSE (any addiction, AA/NA, etc.):

_____

FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS, VIOLENCE, SUICIDE:

_____

Use the space on the back of this form if you need to give further information.

Bridget Tremblay PsyD, LMFT 4701
500 Forest Ave. Suite 1A, Portland, ME 04101
207-321-1599 – drbridgettremblay@gmail.com
www.hopehealandthrive.com

Insurance Information

Insurance Company_____

Are you the primary card holder? Y or N

Name of Primary: _____

Insurance ID Number: _____

Insurance Group Number: _____

Insurance Phone #:_____

Co-Pay Amount: _____

Deductible/Deductible Met: _____

EAP Authorization # (if applicable) _____

Insurance Benefits Assignment: By signing below, you agree to assign all medical and mental/behavioral health benefits to be payable directly to me for services rendered.

I will only release information on any insurance claim that is necessary to receive payment.

Client Signature: _____

Authorized Signature (if minor):_____

Date: _____

Bridget Tremblay PsyD, LMFT 4701
500 Forest Ave. Suite 1A, Portland, ME 04101
207-321-1599 – drbridgettremblay@gmail.com
www.hopehealandthrive.com