

Katie Cashin Therapy

New Client Intake Form

Date of Initial Appointment: _____

Client's Full Name: _____ Age: _____ D.O.B.: _____

Address: _____

Telephone & Email

Home: _____ Is it OK to leave a message here? _____

Work: _____ Is it OK to leave a message here? _____

Cell: _____ Is it OK to leave a message here? _____

Preferred E-mail: _____

Please sign here if you give permission to communicate by e-mail. E-mail is only used for scheduling and billing communication and never used to conduct therapy.

Signature _____

Emergency Contact Information

Name: _____ Relationship to client: _____

Telephone: _____

Insurance Information (if needed)

Primary Insurance Company: _____ Policy/Group No: _____

Address: _____ Phone: _____

Subscriber's Last Name: _____ First Name: _____ MI: _____

Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Subscriber's date of birth: _____ Gender: M F

Relationship to subscriber: ___Self ___Spouse ___Child

Employer: _____ Status: FT PT

For Office Use Only:

Prov. DSM: _____ Service: 60IND 60CJT 45IND 45CJT Scheduled: EW EOW

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Please list any medical conditions you are currently receiving or have previously received treatment for:

Please list any prescription medications and dosage amount you are currently taking:

Have you been in therapy before? YES

NO

- If YES, please explain what brought you to counseling and the duration of treatment?

	FREQUENCY	AMOUNT
Alcohol (Wine, beer, spirits)		
Tobacco		
Marijuana		
Drugs		

Pornography

Please briefly explain what brings you to counseling today:

Lastly, please note how you were referred to Katie Cashin, LCPC:

- Friend, Name: _____
- Internet/Google Search
- Psychology Today
- FaceBook
- Other: _____