

### Intake Cover Page for ADULTS

This form is required for your file. The information is needed for claims and/or auditing purposes. Please fill in all areas. "Client" & "Patient" refer to person seeking services. "Member" refers to the person who carries the insurance policy.

Client Name \_\_\_\_\_  
FIRST NAME MIDDLE INITIAL LAST NAME

Client Address \_\_\_\_\_  
STREET City State Zip Code

Primary Phone Number: \_\_\_\_\_ Accept texts?  Yes  No  
Do we have permission to leave you a message at this number?  Yes  No

Secondary Phone Number: \_\_\_\_\_ Accept texts?  Yes  No  
Do we have permission to leave you a message at this number?  Yes  No

**INSURANCE INFORMATION\* (\*Insurance Declaration Page MUST be on file for consideration.)**

Member's Name \_\_\_\_\_ Member's Employer \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Group # \_\_\_\_\_

Member ID # \_\_\_\_\_ Member's Date of Birth \_\_\_\_\_

Patient ID # \_\_\_\_\_ Patient's Date of Birth \_\_\_\_\_

Patient relationship to member: \_\_\_\_\_ SELF \_\_\_\_\_ CHILD \_\_\_\_\_ SPOUSE

Refer to your insurance card for the following phone numbers: Member Services \_\_\_\_\_

Behavioral/Mental Health \_\_\_\_\_ Provider Hotline \_\_\_\_\_

\*Providing this information does not guarantee insurance payment. Client assumes full responsibility for services.

Patient's Gender \_\_\_\_\_ Religious Preference (if you want us to know): \_\_\_\_\_

Patient's Marital Status  Single  Married  Widowed  Separated  Divorced

Today's Date \_\_\_\_\_ Date of first scheduled appointment \_\_\_\_\_

Whom can we thank for your referral to North Shore Counseling?

PERSONAL REFERENCE \_\_\_\_\_

INTERNET:  GOOGLE  BING  YAHOO  OTHER \_\_\_\_\_

INSURANCE COMPANY REFERRAL \_\_\_\_\_

Emergency Contact (Name, Phone, & Relationship): \_\_\_\_\_

My counselor's name is \_\_\_\_\_

**Session Fees & Copays:** Due at the beginning of each appointment. Payment can be made by cash, check, credit card, or PAYPAL.

**Checks should be made payable to North Shore Counseling, Ltd.**