**Referral Date:**

**Client Full Name:**

**Insurance Carrier:** **Medicare?:**

**Referral Source:**

**Person Taking Intake Information:**

**Person Providing Intake Information:**

***If Probation & Parole, is client on Vivitrol?******Any other specific orders?***

**Reason for Referral/Major Stressors/Diagnoses (behavioral/mental health & medical, if known):**

**DOB: Age: Gender:** **Social Security Number:**

**Address:** **City/ST:** **ZIP:**

**Telephone:** **Cell:** **Message Ok?:**

**Emergency Contact:** **Phone:**

**E-mail:** **Marital Status:** **Race/Ethnicity:** **Language:**

**Employment Status:** **Occupation:**

**Medicaid ID:** **Insurance Member ID:** **Group #:**

**Responsible Party:** **Relationship:**

**Secondary Health Benefit Plan Provider:**

**Insured Member #: Group #:**

**Requesting Sliding Fee Discount? *(If yes, send application to client to complete prior to appt.)***

**Requesting Case Management?** **Schedule Preferences:**

**FOR CHILDREN/ADOLESCENTS, & ADULTS WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES**

**Guardian (if applicable):** **Relationship:**

**Explain any custody arrangements, court orders, TPRs, etc.:**

**With whom does the person currently reside?/Family Involvement:**

**School:** **Grade:** **Teacher:**

**Intake Appointment Date/Time/Location:**

**Requested Therapist (if applicable):**