

AMIGO FAMILY COUNSELING, LLC - NEW CLIENT INTAKE FORM:

Name of person filling out this form: _____
 Person's relationship to client: _____ Date: _____

DEMOGRAPHIC INFORMATION:

Client Name: _____ DOB: _____
 Client Age: _____ Client Gender: M / F / Other, Specify: _____
 Grade Level: _____ Highest Degree: _____
 Street Address: _____
 Apt or Suite #: _____
 City: _____ State: _____ Zip: _____
 Client Cell Phone #: _____
 Client Home Phone #: _____
 Client Work Phone #: _____
 Client Email: _____

FAMILY INFORMATION:

Parent / Guardian (1) Name: _____
 Relationship to client: Mother / Father / Other: _____
 Phone #: _____
 Email: _____
 Parent / Guardian (2) Name: _____
 Relationship to client: Mother / Father / Other: _____
 Phone #: _____
 Email: _____

MEDICAL INFORMATION:

Primary Care Physician Name: _____
 PCP Phone: _____
 Psychiatrist Name: _____
 Psychiatrist Phone: _____
 Other Provider Name: _____
 Other Phone: _____ Specialty: _____
 Other Provider Name: _____
 Other Phone: _____ Specialty: _____

IF YOU HAVE MEDICAL INSURANCE, PLEASE INDICATE:

Insurance Company Name: _____
 Member ID: _____
 Group #: _____
 Policyholder Name: _____
 Policyholder DOB: _____
 Policyholder Relationship to Client: _____
 Policyholder's Employer: _____
 Policyholder's Address (if different):
 Street Address: _____
 Apt # or Suite #: _____
 City: _____ State: _____ Zip: _____
 Behavioral Health Phone #: _____
 Provider Phone #: _____
 Pre-certification Phone #: _____
 Insurance Company Claims Address:
 Street Address: _____
 City: _____ State: _____ Zip: _____

IF YOU ARE COUNTY FUNDED, PLEASE INDICATE:

County: _____
 Caseworker Name: _____
 Caseworker Contact Phone #: _____

IF YOU WISH TO PAY OUT-OF-POCKET

(not to ever be billed to insurance),

PLEASE INDICATE: Yes / No

Note: Those paying out-of-pocket will receive a 10% credit adjustment.

SPECIFY ANY OTHER FUNDING YOU HAVE:

Waiver (circle): Self Waiver, I/O Waiver, Level 1 Waiver

Autism Scholarship: _____

Other funding: _____

AMIGO FAMILY COUNSELING, LLC - NEW CLIENT INTAKE FORM (cont.)

Reason for seeking services (current problems / challenges): _____

Client Current Diagnosis or Diagnoses: _____

If you were referred to Amigo Family Counseling, LLC, who referred you to us?

Their Name: _____

Their Business or Organization's Name: _____

Their Specialty: _____ Their phone #: _____

May we contact this person? Yes / No

If you were not referred, how did you hear about us:

_____ On your insurance company's provider list

_____ Internet search

_____ From someone who is a client or parent of an existing client

_____ Other, Specify: _____

If applicable, who were you referred to see at Amigo Family Counseling, LLC?

If known, what services do you seek at Amigo Family Counseling, LLC:

_____ Individual Psychotherapy

_____ Group Responsibility Social Therapy (RST) Program

_____ Family Psychotherapy

_____ RST Psychological Testing

_____ Diagnostic Testing

_____ Employment / Career Development, Planning, or Counseling

_____ Individual or Family Transition Services

_____ The Creative Social Arts Program: ___ Acting Workshop ___ Yoga/Dance

_____ Other, Specify: _____

Have you seen our website? Yes / No

If no, visit: amigofamilycounseling.com

Please circle ALL times you are available:

morning / afternoon / evening

Have you called our office? Yes / No

If yes, on what date: _____

Who did you speak to? _____

BEFORE YOUR FIRST APPOINTMENT:

1. Please print and fill out all necessary paperwork for New Clients provided on the website page named "New Client Info" and bring them to your appointment.
2. Please read the financial information provided on the top of the "New Client Info" page on the website. Please note it is your responsibility to understand and comply with all financial policies and responsibilities. If you have medical insurance, it is your responsibility to call your own insurance to understand your specific coverage and benefits. If you have county funding or funding from other sources, please contact that source for details about coverage for services.
3. Please bring any test results, prior medical reports, School IEPs, ETR, and any other helpful documents.

PLEASE NOTE: THERE ARE TWO EMOTIONAL SUPPORT DOGS WHO ARE PRESENT AT AMIGO FAMILY COUNSELING, LLC WHO ARE CONSIDERED AN INTEGRAL PART OF THE THERAPEUTIC PROCESS.