

**PSYCHOTHERAPEUTIC RESOURCES  
ADMINISTRATIVE INTAKE FORM**

\_\_\_\_\_  
Last Name                      First Name      MI              Age              DOB              Male/Female      Social Security #

Street Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

\_\_\_\_\_  
City                                      State              Zip Code  
Spouse/Significant Other: \_\_\_\_\_

In case of emergency contact: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

We may need to communicate with you by phone (**Note: Our clinic name and phone number will show up on caller I.D. if we call you.**)      **Do you have an objection or special request?** YES \_\_\_\_\_ NO \_\_\_\_\_\*

If **YES**, you will need to complete a **REQUEST FOR CONFIDENTIAL HANDLING OF HEALTH INFORMATION**

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**Primary Insurance Company:** \_\_\_\_\_ Effective Date: \_\_\_\_\_  
**(If policyholder is different than client information above):**

\_\_\_\_\_  
First Name              MI              Last Name

Address: \_\_\_\_\_ **DOB:** \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Employer: \_\_\_\_\_

**Secondary Insurance Company:** \_\_\_\_\_ Effective Date: \_\_\_\_\_  
**(If policyholder is different than client information above):**

\_\_\_\_\_  
First Name              MI              Last Name

Address: \_\_\_\_\_ **DOB:** \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Employer: \_\_\_\_\_

**\*It is your responsibility to inform PR of changes in address, phone #, and insurance coverage.**

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\_\_\_\_\_  
**Please initial to acknowledge that you have read and consented to the billing terms and conditions which include:**

1. Terms of billing
2. Release of health information as needed for collection purposes
3. Medical benefit assignment

Important policies are viewable on our website. ([www.yourcaringresource.com](http://www.yourcaringresource.com)) by clicking Policies. Please read our **Notice of Privacy Practices, and Bill Of Rights of Clients**. Would you like a hard copy? YES \_\_\_\_\_ NO \_\_\_\_\_  
I have received "Welcome to Psychotherapeutics Resource. Yes \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*If you have left anything blank, we will assume the answer is NO.**