

**Adult Intake**

**Western Reserve Psychological Associates, Inc.**

**Date of Initial Visit** \_\_\_\_\_ **WRPA Therapist** \_\_\_\_\_

Client Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Home Telephone \_\_\_\_\_ Is it okay to call? Yes \_\_\_\_\_ No \_\_\_\_\_

Work Phone \_\_\_\_\_ Is it okay to call? Yes \_\_\_\_\_ No \_\_\_\_\_

Cell Phone \_\_\_\_\_ Is it okay to call? Yes \_\_\_\_\_ No \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Marital Status S \_\_\_\_\_ M \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_

Client Status: Employed \_\_\_\_\_ Full Time Student \_\_\_\_\_ Part Time Student \_\_\_\_\_

Highest Degree of Education \_\_\_\_\_ Religion \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employment Address \_\_\_\_\_  
Street City State Zip

Name of spouse \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Highest Degree of Education \_\_\_\_\_ Religion \_\_\_\_\_

Spouse's employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employment Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Is it okay to call? Yes \_\_\_\_\_ No \_\_\_\_\_

Cell Phone \_\_\_\_\_ Is it okay to call? Yes \_\_\_\_\_ No \_\_\_\_\_

Names and ages of children (if applicable): \_\_\_\_\_

Person responsible for deductible, coinsurance, and copayments if other than client: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Did you contact your insurance company to verify your benefits and let them know you were coming? \_\_\_\_\_

Deductible/year \$ \_\_\_\_\_ Has it been met? \_\_\_\_\_ Copayment/coinsurance/visit \$ \_\_\_\_\_ or \_\_\_\_\_ %

Did you receive an authorization number from your insurance company? Yes \_\_\_\_\_ No \_\_\_\_\_

Authorization number \_\_\_\_\_ Number of visits \_\_\_\_\_

Did you get a referral from your Primary Care Physician if required by your ins. co.? Yes \_\_\_\_\_ No \_\_\_\_\_

	Insurance Information		For Secondary Ins. Only
Policy Holder's ID/SS#	_____	Policy Holder's ID/SS#	_____
Ins Co. Name	_____	Ins. Co. Name	_____
Policy Holder's Name	_____	Policy Holder's Name	_____
Relationship to client	_____	Relationship to client	_____
Policy Holder's Address	_____	Policy Holder's Address	_____
Policy/Group #	_____	Policy/Group #	_____
Policy Holder's DOB	_____	Policy Holder's DOB	_____
Male _____ Female _____		Male _____ Female _____	
Employer	_____	Employer	_____

How did you hear about our practice? \_\_\_\_\_

May we thank your referral source? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, referral address \_\_\_\_\_

Did you search for more information about us on the internet? \_\_\_\_\_

Did you use a search engine? Yahoo \_\_\_\_\_, Google \_\_\_\_\_, AltaVista \_\_\_\_\_, Other \_\_\_\_\_

Did you visit our website? \_\_\_\_\_ For what purpose? \_\_\_\_\_

When you decided to call us, where did you get our phone number? \_\_\_\_\_

Client Name \_\_\_\_\_

Date \_\_\_\_\_

Have you received mental health care previously? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, name of therapist or group? \_\_\_\_\_

When? \_\_\_\_\_

What issues were addressed?

\_\_\_\_\_  
\_\_\_\_\_

In your own words, what issues bring you here at this time?

\_\_\_\_\_  
\_\_\_\_\_

Describe any major medical/physical problems:

\_\_\_\_\_  
\_\_\_\_\_

List known allergies:

\_\_\_\_\_  
\_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Date of last visit \_\_\_\_\_

List current medications prescribed by this doctor:

Medication	Daily Dose	Condition	Starting Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
\_\_\_\_\_

Psychiatrist, if applicable \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Date of last visit \_\_\_\_\_

List current medications prescribed by this doctor:

Medication	Daily Dose	Condition	Starting Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
\_\_\_\_\_

Nearest relative or friend (not spouse) we may contact in case of emergency:

Name	Relationship	Phone
_____	_____	_____