

# Outpatient Intake Information

<b>PATIENT INFORMATION</b>	<b>OFFICE USE ONLY</b>
Client Last Name: _____ Client First Name: _____	Call Date: _____
Name of Caller: _____ Email: _____	Call Time: _____
Phone # and type: _____ OK to Leave Message? YES NO	Taken By: _____
Phone # and type: _____ OK to Leave Message? YES NO	
Client DOB: _____ Client SSN: _____ <i>Gender</i>	
Referral Source: _____	<u>Preferred Office</u>
Street Address: _____	WOODBIDGE
City: _____ State: _____ Zip: _____	CHANTILLY
Chief complaint: _____	
_____	<u>Appointment Scheduled</u>
Parent/Guardian Information (if client is a minor)	Date: _____
Mother/Guardian: _____ DOB: _____ SSN: _____	Time: _____
Father/Guardian: _____ DOB: _____ SSN: _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 75%; text-align: center;"> <p><b><u>INSURANCE INFORMATION</u></b></p> <p>Primary Insurance – Policy Holder Information</p> <p>Name: _____ Employer: _____</p> <p>Work Phone Number: _____ Insurance Provider: _____</p> <p>Policy Number: _____ Group ID: _____</p> <p>Co-Pay: _____ Deductible Amt: _____</p> <p>EAP Confirmation Number &amp; Number of Sessions: _____</p> <p>Secondary Insurance – Policy Holder Information</p> <p>Name: _____ Employer: _____</p> <p>Work Phone Number: _____ Insurance Provider: _____</p> <p>Policy Number: _____ Group ID: _____</p> <p>EAP Confirmation Number &amp; Number of Sessions: _____</p> </div> <div style="width: 25%; text-align: center;"> <p><b><u>REFERRAL NOTES</u></b></p> </div> </div>	