

ANY CLEARANCE APPOINTMENTS ARE \$500.00

FOCUS & BALANCE LLC
MENTAL HEALTH INTAKE FORM
(Please Print)

Today's date:		Referring Physician :		
PATIENT INFORMATION				
Patient's last name:		First:	MI:	Marital status: Single Married Divorced Separated Widow
Social Security no.:	Birth date:	Age:	Sex:	Email:
Street address:		Home phone no: ()		Cell phone no.: ()
P.O. box:	City:		State:	ZIP Code:

INSURANCE INFORMATION

Name of primary insurance:	Subscriber's name:	Birth date: / /	Policy no.:	Group no.:
Patient's relationship to subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other				
Name of secondary insurance (if applicable):	Subscriber's name:		Policy no.:	Group no.:
Patient's relationship to subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other				

MEDICAL HISTORY

Previous diagnoses/mental health conditions: _____

Previous medical conditions: _____

Have you ever tried any illegal substances? If yes, with what substance? How long? Have you received treatment in the past?

Do you drink caffeinated beverages? If yes, how many per day? _____

Do you use smoke cigarettes? If yes, how many per day? _____

Do you drink any alcohol? If yes, how much? _____

CURRENT SYMPTOMS (CIRCLE ALL THAT APPLY)

- ANGER ISSUES ANXIETY DEPRESSION EXCESSIVE ENERGY HALLUCINATIONS HEARING VOICES
 HOMICIDAL THOUGHTS IRRITABILITY IMPULSIVITY LOSS OF MEMORY LOSS OF CONCENTRATION
 SLEEP CHANGES PANIC ATTACKS PARANOIA RACING THOUGHTS SUICIDAL THOUGHTS

LEGAL ISSUES

If parents are divorced, who has custody? Parents must bring in court documents and letter from the other parent giving permission for medical and medication management PRIOR to the visit: _____

Do you have any CPS case pending? _____

Have you ever been arrested, in jail or prison, or had a DWI/DUI? _____