New Client INTAKE Form

The Family Healing Center, INC
Morehead, KY

Client Name: ____________________ SS# ____________________

Address: ____________________ City/State/Zip ____________________

Sex: Male Female Race: ____________________

D.O.B. ____________ Marital Status: ____________________

Please complete if client under the age of 18

Primary Contact: ____________________ Phone: ____________________

Address: ____________________ City/State/Zip ____________________

Email: ____________________

Employed by: ____________________ SS# ____________________

Other Dependents in household (please list) If more space needed please use back of page

Name	Sex	Age	Relationship	SS#

Insurance Information

Insurance Company:							
Policy Number:							
Managed Care?		KY SP		Well Care		Coventry Cares	
	Traditional						
Address of Insurance Provider:							
City / State/ Zip							

Spouse Employer:	
Spouse SS #	
Spouse Insurance Coverage:	
Policy Number	

Brief Description of what brings you here today:

History of Problems in the past 6 months (please check all that apply)

Note: Consider all areas – Home / School / Work / Community

- [ ] Frequent disciplinary actions
- [ ] Sporadic disciplinary actions
- [ ] History of suspensions
- [ ] Physically Aggressive
- [ ] Destructive to Property
- [ ] Truancy
- [ ] Theft
- [ ] Dishonesty
- [ ] Defiant Behaviors
- [ ] Hyperactivity
- [ ] Impulsivity
- [ ] Attention/Focus Problems
- [ ] Unusual Fears or Anxieties
- [ ] Difficulty with Relationships
- [ ] Social Withdrawal or Isolation
- [ ] Sadness/Depression
- [ ] Poor Self-Care/Hygiene
- [ ] Anger Outbursts (for no reason)
- [ ] OTHER: (Please note and explain)
- [ ] Irritability
- [ ] Mood Swings
- [ ] Appetite Problems (Loss or Gain)
- [ ] Learning Difficulties
- [ ] Poor Grades / Evaluations
- [ ] Defies Authority
- [ ] Sleeping Difficulties
- [ ] Sexually Promiscuous
- [ ] Involvement with Cult or Gang Activity
- [ ] Fire Seeking Behaviors
- [ ] Seeks Negative Relationships
- [ ] Runs Away From Home
- [ ] Legal Problems
- [ ] Illegal Drug Use
- [ ] Alcohol / Drug Addiction
- [ ] Suicidal Ideation
- [ ] Difficulty Dealing with Loss
- [ ] Crying (for no reason)

POLICY

Payment for service must be made at the time the service is performed. If you have financial difficulties, please discuss this at intake. Arrangements may be made to accommodate your need. Sliding fee scales are available for those that qualify – fill out the attached application and request review upon initial interview.

It is YOUR responsibility to provide payment at time of service – Family Healing Center does not accept credit cards at this time. Personal Checks and Money Orders are accepted. There will be a $30.00 charge for each returned check from the bank.

______________________________ ______________________________

SIGNATURE DATE

(Signature give FHC permission to treat, Informed Consent, permission for psychological testing as requested by parent/guardian and permission to transport minor and/or family member if medically necessary in an emergency that may require immediate care. Signature also indicates you have been given a copy of your Client Rights, HIPPA Regulations, Our Ethics Policy, Grievance Policy, and Freedom of Choice,

For Administrative Use Only (Please DO NOT write in this area) Recommendations (Check all that apply)

- ☐ Referral
- ☐ Counseling-Individual
- ☐ Counseling-Group
- ☐ Consultation
- ☐ Family Services
- ☐ Home Based Services
- ☐ Intervention
- ☐ IOP Services
- ☐ After-Care
- ☐ Head Start Site
- ☐ Other: (Please Specify)

Note: