



Red Cliff Counseling and Wellness - Adult Intake

Name: _____ Date: _____

Address: _____ City/State: _____ Zip: _____

Best Number(s) to reach you at: _____

May I leave a voicemail or text message for you at this number? Yes / No

Email Address: _____

May I leave a message for you at this email? Yes / No

Date of Birth: _____ Age: _____ Gender: _____

Ethnicity: _____ Religious Preference: _____

Marital Status: _____ How long have you been together? _____

Please list the name, age and relationship of all who are residing with you in your home:

Referral Source: _____

Will you be billing insurance or paying privately: Insurance / Private

Please provide a credit card number which I can bill your copay or private pay fees:

Credit Card Number: _____ Exp Date: _____

If billing insurance, please provide the following:

Insurance Name: _____ Policy Number: _____

Group #: _____ Plan Type: _____

Insurance Customer Service Number: _____

Name of Insured: _____ Insured's Employer: _____

Where do you work or attend school? _____

How many hours per week are you working and/or in school? _____

Name of Primary Physician: _____ Last time seen: _____

***It is highly recommended that you have a current physical and wellness exam.**

Do you have any medical conditions? _____

Please list any allergies: _____

Perscriptions or Over the Counter Meds	Dose	How Long?	Prescribing Physician:

Any previous surgeries or hospitalizations? _____

Have you seen a therapist or psychiatrist before: Yes / No

Who were you seeing and what was the time period? _____

Have you ever attempted suicide in the past? Yes/ No When: _____

Any history of psychiatric admissions? Yes / No

When and Where? _____

Any substance abuse concerns? _____ Has anyone ever suggested that you may be drinking too much or using too many pills? Yes / No

Are you currently in an abusive relationship? _____

Have you ever been physically, emotionally, or sexually abused? Yes / No

If so, could you please describe the type of abuse and when this occurred: _____

What is your primary goal of seeking therapy at this time? _____
