

Website Intake Form

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##### Member Name: D.O.B:

##### Gender: Social Security #:

Legal Guardian #1:

Current Telephone #: Alternate Telephone #: Click here to enter text.

Can we text this number: Email Address: Click here to enter text.

Member’s Address: Zip Code: Enter text.

MA/Insurance Policy #: Primary Insurance ID#:

School: Grade: Click here to enter text.

What services are you looking for? [ ] Intensive Behavioral Health Services [ ] Outpatient Services [ ] Psychological Eval [ ] Psychiatric Eval

 [ ]  Adult Mobile Services (MMHT) [ ]  Other

Does the member already receive therapy? Yes [ ]  No [ ]  Current Provider/Service?

Transfer from other agency? Yes [ ]  No [ ]  If yes what agency?

Prior Treatment: [ ]  Early Intervention [ ]  Outpatient Therapy [ ]  BHRS/STS Services

[ ] Partial/Inpatient Hospital Inpatient discharge within last three months? Yes [ ]  No [ ]

Location and date of last service:

Current Mental Diagnosis? Yes [ ]  No [ ]  Current/Previous treatment for Alcohol/Substance Abuse? Yes [ ]  No [ ]

Diagnosis:

Medical Issues:

Current Medications?

What are the presenting concerns?

What are your two most significant concerns regarding your (or your child’s) behaviors:

Therapist Preference (s)?

Session Day and Time Preference?

Please fax (484-550-6655) or email (Tbryant@pmhccares.org) completed form to

Attn.: Thelma Bryant, Intake Manager

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