Counseling Associates of MA & NH, LLC

Child, Adolescent, Adult, Couple, and Family Psychotherapy

184 Pleasant Valley St., Unit 1-206
Methuen, MA 01844
Phone: (978) 683-0133
Fax: (978) 441-0800

173 So. River Road, Ste. 3
Bedford, NH 03110
Phone: (603) 472-5279
Fax: (603) 488-1682

Date_____

INTAKE FORM

Name of Client _____ Sex M__ F__

(If the client is under 18, the names of all parents/legal guardians)_____

Emergency Contact _____ Their telephone _____

Your Address: Street_____

City _____ State _____ Zip Code _____

Home Phone ( )_____ cell ( ) _____ work ( ) _____

Client's Date of Birth _____ Marital Status:_____ Preferred Spoken Language_____

Email Address:_____ Ok to use: Y_ or N_

INSURANCE INFORMATION

Name of Insurance _____

Name of the Insured (if not self) _____

Subscriber's DOB: _____ Subscriber's phone number_____

Subscriber's address:_____

I.D. # (this is very important) _____ Employer _____

Name of any *other* insurance (and I.D. #) _____

_____