

**The Prairie Clinic
New Patient Intake Form**

Provider: _____ **Date:** _____

Patient Name: _____ Pt Date of Birth: _____

Person calling: _____ Relationship to Pt.: _____

Referred by: _____

Patient Address: _____

Phone#’s: (h) _____ (cell) _____ (wk) _____

Email: _____

Social Groups: _____

We only accept/file Blue Cross/Blue Shield PPO

Insurance Company: _____ ID#: _____ Group#: _____

Insured’s Name: _____ Date of Birth: _____ Relationship: _____

Employer Name: _____

Insurance Benefits: Ded. _____ Co. ins. _____ Max. oop: _____ RX: _____

Maximum visits _____

Family Information:

Single _____ Married _____ Date _____ Widow/Widower _____ Divorced _____

If previously married, lists date(s) and duration: _____

Natural father’s name: _____ Age _____

Occupation: _____ Phone _____

Natural mother’s name: _____ Age _____

Occupation: _____ Phone _____

Stepfather’s name: _____ Age _____

Occupation: _____ Phone _____

Stepmother’s name: _____ Age _____

Occupation: _____ Phone _____

Children/Siblings

	Name	Living arrangement	Occupation	Age
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____

By who were you referred? _____

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Presenting problem(s): _____

Health Information:

Appetite: Good _____ Average _____ Poor _____
Sleep: Good _____ Average _____ Poor _____
Alcohol: Good _____ Average _____ Poor _____
If yes, is use Daily _____, Weekly _____, Other (describe) _____

Allergies: _____
Present medical conditions: _____
Date of last physical: _____

Serious accidents, illnesses, or surgeries (please list, including dates): _____

Current medications: _____

Personal Physicians(s): (1) _____ Phone _____
(2) _____ Phone _____

Previous Therapy/ Counseling: Yes _____ No _____ Dates _____
With whom? _____

Purpose of treatment: _____

Hospitalization: Yes _____ No _____ Dates _____
Where?: _____
Nature of hospitalization: Medical _____ Psychiatric _____ Substance Abuse _____
Describe: _____

Long-term/residential treatment: Yes _____ No _____ When _____ Where _____

Legal involvement: Are you presently on parole, probation, or court supervision? Yes/No

Probation officer/courts officer _____
Is counseling court-ordered? Yes _____ No _____