



Cornerstone Counseling & Consulting Specialists, LLC

Twin Stacks Center 1172 Twin Stacks Drive, Dallas, PA 18612
Phone: 570-674-1505 Fax: 570-674-8679

INTAKE/REFERRAL INFORMATION

REFERRAL SOURCE _____

REFERRAL DATE: _____ SS#: _____

CLIENT: _____ DOB: _____ SEX: _____

ADDRESS: _____ INSURANCE: _____

_____ INSURANCE#: _____

TELEPHONE: (HOME) _____ (CELL) _____ (WORK) _____

MARITAL STATUS: ___ SINGLE ___ MARRIED ___ COMMITTED RELATIONSHIP
___ DOMESTIC PARTNER ___ SEPARATED ___ DIVORCED ___ WIDOWED

RACE: ___ CAUCASIAN ___ BLACK ___ HISPANIC ___ ORIENTAL ___ OTHER

NAME OF SPOUSE: _____ TELEPHONE: _____

PARENTS/GUARDIAN: _____ TELEPHONE: _____

NAMES/BIRTHDATES OF ADULTS IN HOME: _____

AGES OF ADULTS IN HOME: ___ 19 - 24 ___ 25 - 50 ___ 51 - 64 ___ 65+ MALE ___ FEMALE ___

NAMES & BIRTHDATES OF CHILDREN IN HOME: _____

AGES OF CHILDREN IN HOME: ___ 0 - 5 ___ 6 - 9 ___ 10 - 14 ___ 15 - 18 MALE ___ FEMALE ___

- | | | |
|---|---|---|
| <input type="checkbox"/> INDIVIDUAL THERAPY | <input type="checkbox"/> COUPLES/RELATIONSHIP | <input type="checkbox"/> ANXIETY/DEPRESSION |
| <input type="checkbox"/> FAMILY THERAPY | <input type="checkbox"/> SUBSTANCE ABUSE | <input type="checkbox"/> ANGER MANAGEMENT |
| <input type="checkbox"/> GROUP THERAPY | <input type="checkbox"/> COMPLEX PTSD | <input type="checkbox"/> GRIEF & LOSS |
| <input type="checkbox"/> TRAUMA THERAPY | <input type="checkbox"/> GLBT ISSUES | |

FAMILY INCOME: 0 - \$4,999 \$5,000 - \$6,999 \$7,000 - \$9,999 \$10,000 - \$14,999
 \$15,000 - \$24,999 \$25,000 - \$34,999 \$50,000 +

INCOME/SOURCE: EMPLOYMENT _____ DPA _____ SSI _____ PENSION _____

EMPLOYER: (CLIENT OR PARENT) _____

CLIENT'S LEVEL OF EDUCATION: _____ **DEGREE/DATES:** _____

FOR CHILD CLIENTS - LIST SCHOOL OR DISTRICT NAME: _____

FAMILY MEDICAL DOCTOR: _____

MEDICAL CONDITIONS: _____

CURRENT MEDICATIONS: _____

CURRENT/PAST PSYCHIATRIC HISTORY: (DOCTORS, DATES, HOSPITALIZATIONS, MEDICATIONS & TREATMENT) _____

CURRENT ISSUES: _____

DISPOSITION OF REFERRAL: _____

ADMINISTRATIVE INFORMATION

THERAPIST ASSIGNED: _____

FIRST CONTACT ATTEMPT: _____ **SECOND ATTEMPT:** _____ **THIRD ATTEMPT:** _____

EARLIEST INITIAL APPOINTMENT: _____ **ACCEPTED OR REFUSED:** _____

APPOINTMENTS: KEPT R/S BY CONSUMER R/S BY THERAPIST FAILED

INSURANCE INFORMATION

INSURANCE: _____ **INSURANCE#:** _____

PRE-CERTIFICATION: YES NO **DEDUCTIBLE:** _____ **CO-PAYMENT:** _____

CLIENT ID#: _____ **NOTES:** _____