



# Cornerstone Counseling & Consulting Specialists, LLC

Twin Stacks Center 1172 Twin Stacks Drive, Dallas, PA 18612  
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## TELE-MENTAL HEALTH 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"/> COMPLEX PTSD | <input type="checkbox"/> SUBSTANCE ABUSE  |
| <input type="checkbox"/> TRAUMA THERAPY     | <input type="checkbox"/> GLBT ISSUES  | <input type="checkbox"/> ANGER MANAGEMENT |
| <input type="checkbox"/> ANXIETY/DEPRESSION |                                       | <input type="checkbox"/> GRIEF & LOSS     |

**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:** Marie C. Gray Ph.D.

**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:** \_\_\_\_\_