

Hughley's Mental Health Services, LLC

INTAKE PACKET

Date _____

CLIENT INFORMATION

Client Name _____ Age, _____

Street Address _____ City _____ /State/Zip _____

Home Phone # _____ **May we call or leave a message at this number?** Yes No

Daytime Phone # _____ **May we contact you here?** Yes No

Cell Phone # _____ **May we call or leave a message on this phone?** Yes No

Email _____

Client Date of Birth _____ Social Security # _____ Marital
Status: Married, Single, Other

List Children/Others living with you/the client (Name, Relationship, Age):

If client is minor, or has a Guardian: Name of Guardian or
Parent _____ Phone _____

Date of Birth _____ Email _____

Address _____

Spouse/Significant Other Name: _____

Work Phone _____ Age: _____

Date of Birth: _____

Primary Care Physician _____

Phone: _____ Fax: _____

Emergency Contact Name _____ **Phone #:** _____
Address _____

Are you employed? Yes ___ No ___ Employer :

Hughley's Mental Health Services, LLC

Method of Payment: Insurance/Self-Pay

Insurance Company _____ Name of Subscriber

_____ Employer _____ (if other than client).

Relationship to client: Self/ Spouse/ Parent (Please circle one).

☺ **Date of Birth:** _____ Social Security # _____ Address

☺ Subscriber's Insurance Name _____ ID# _____

Group# _____ Authorization number _____

Reason For Visit Today: _____

Are you having any Suicidal or Homicidal Thoughts today? Yes or No

If yes, can you describe those thoughts and your plan to carry out those thoughts?

CLIENT AGREEMENT : The above information is current and correct to the best of my knowledge.

Signature: Client: _____ *Parent or Guardian (if applicable)*

_____ Date _____

I understand that I am responsible for paying all charges in full at day of service.

This agreement also grants authorization to Hughley's Mental Health Services , LLC to release such information as may be necessary to obtain payment.

Client Name (please
print) _____

Signature: Client: _____ *Parent or Guardian (if applicable)*

_____ Date _____