



PeaceWay CMS

counseling & Mediation Services, Inc.

Client Intake Form

Client Name: _____
(First) (Middle) (Last)

Date of Birth: ____/____/____ Social Security Number : _____ - _____ - _____

Marital Status: _____ Male Female

Street Address: _____
(City) (State) (Zip)

Home Phone: _____ Cell : _____ Work : _____

Employer: _____ Email: _____

Work Address: _____
(City) (State) (Zip)

If Client is a minor, do you have legal custody? Yes No

If divorced, has either parent had their parental rights terminated? Yes No

Legal Guardian's Name: _____ Relationship to Client: _____

Legal Guardian's Social Security Number: _____ Guardian's DOB: ____/____/____

Is Client a full time student? Yes No

Name of school: _____

Emergency Contact: _____ Phone: _____

Emergency Contact Address: _____

Relationship to Client: _____

Insurance Company: _____ Phone: _____

Address: _____
(City) (State) (Zip)

Policy holder's name: _____ Policy # _____

Group Number: _____ Policy Holder's Social Security _____ - _____ - _____

Policy Holder's Date of Birth: ____/____/____

PeaceWay Client Intake Form continued

I request that payment and benefits be made on my behalf to PeaceWay Counseling & Mediation Services, Inc. for any services furnished to me by its physicians or providers. I understand that my signature also authorizes release, if necessary, of any medical, psychiatric and substance abuse information contained in my records to my insurance or its assignees. I request and authorize treatment at PeaceWay Counseling & Mediation Services, Inc. I understand I am responsible for any deductible, co-payment or any amount not covered by my insurance.

_____/_____/_____
Signature of Client or Legal Guardian Relationship Date

Who referred you to our office? _____

Have you ever received counseling before? Yes No If yes, where? _____

Do you drink alcohol or use drugs? Yes No

How many alcoholic drinks do you consume per week? _____ List drugs below: _____

Are you involved with Probation/Parole? Yes No Officer? _____

What is the Probation/Parole company's name? _____

Are you involved in an investigation by the Department of Family and Children Services? Yes No

What is the name of your Family Caseworker? _____

Are you involved in any legal actions or lawsuits? Yes No

Attorney's Name: _____ Type of Suit: _____

Briefly describe your reason for wanting counseling: _____

List any medications that you are taking: _____

Client's Signature: _____ Date: ____/____/_____
(Parent/Legal Guardian, if client is a minor)