

Pathways Counseling Center, Inc

Intake Form

Office: (651) 641-1555 / Fax: (651) 641-0340

Please include: 1. mental health diagnostic assessment
(including psychosocial evaluation) and **2. current medication list** when submitting this intake form.

Date of Intake: _____

Anticipated Start Date: _____

(Office only) First date of billed service: _____

Referral Source: _____ Phone: _____ Agency: _____ Consent form attached? Yes No (circle one)	Program or Service Requested check all that apply MI/CD Day TX ___ AM / PM (circle preferred time) ARMHS ___ Refugee ARMHS ___ Forensic ARMHS ___ Gambling Therapy / Assessment (circle one) ___ Mental Health Diagnostic Assessment ___ Psychological Assessment ___ Individual / Group Psychotherapy (circle one) ___
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Name: _____	Insurance #: _____ Insurance Type/Company: _____
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Date of Birth: _____	SSN: _____	Does this person require an interpreter? Yes No What language does s(he) speak? _____
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Primary Diagnosis: (Mental Health Diagnosis) _____	Diagnostic Code: _____
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Secondary Diagnosis: (Chemical / Drug of Choice, if applicable) _____	Diagnostic Code: _____
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Address (including zip code): _____	Home Phone: _____ Cell Phone: _____
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Living Circumstances: Independent / Group (circle one)
If living in a Group Residence, what is the name of the facility? _____ **Is this an IRTS? Yes No**

Case Mgr / ACT Team contact: County / Agency: _____	Phone: _____ Fax: _____
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Psychiatrist: Agency: _____	Phone: _____ Fax: _____
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Primary Physician: Clinic or Hospital: _____	Phone: _____ Fax: _____
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Therapist: Agency: _____	Phone: _____ Fax: _____
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Probation Officer: County: _____	Phone: _____ Fax: _____
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List of Medications (circle one): attached or listed (on attached Medical History Intake form)

Mental Health Case Manager contacted (if applicable)? Yes _____ No _____

Last Mental Health hospitalization (if applicable) - date/place: _____

Last Day Treatment (if applicable) - date/place: _____

Date of last use of substance: _____ What substance did you use? _____

Do you require special needs transportation? Yes _____ No _____
If you have MA, you qualify for MNET transportation services. The number for MNET is 1-866-467-1724.
You must have your MA number ready when you call them.

Emergency Contact: Name: _____
Relationship _____ Phone Number: _____

Comments: _____