

Pathways Counseling Center, Inc

Intake Form

Office: (651) 641-1555 / Fax: (651)-323-2632

Please include:

1. Mental Health Diagnostic Assessment _____
Date of Intake: _____ (including psychosocial evaluation)
2. Current Anticipated Start Date: _____
Medication list when submitting this intake form _____

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) ___
First Name:	Last Name:
Social Security Number:	Date of Birth:
Address:	Sex:
Phone:	Email:
Does this person require an interpreter? Yes No What language does s(he) speak?	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
Primary Diagnosis: (Mental Health Diagnosis) Diagnostic Code:	Secondary Diagnosis: (Chemical / Drug of Choice, if applicable) Diagnostic Code:
Insurance Company:	Policy Holder:
Insurance ID:	Insurance Group:
Case Mgr / ACT Team contact: County / Agency:	Phone: Fax:
Psychiatrist: Agency:	Phone: Fax:
Primary Physician: Clinic or Hospital:	Phone: Fax:
Therapist: Agency:	Phone: Fax:
Probation Officer: County:	Phone: Fax:
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: