
## NEW PATIENT INTAKE FORM

**PATIENT INFORMATION:**

**NAME:** _____ **DATE OF BIRTH**:_____

**ADDRESS:**_____

**PARENT NAME (Scheduling Contact):** _____

**PHONE:** _____ ☐Home ☐Cell ☐Work

**PARENT NAME:**_____

**PHONE:** _____ ☐Home ☐ Cell ☐ Work

**EMAIL ADDRESS:** _____

**CUSTODY TYPE:** ☐Full/Married ☐ Shared/Joint Custody (Provide both parents' contact information) ☐ Other: _____

**SERVICES SOUGHT:** ☐Neuropsychological Evaluation ☐ Child or Family Therapy ☐ Early Childhood Evaluation (under age 4)

☐Follow Up Evaluation/Re-Evaluation. Past Provider: _____

**PLEASE CHECK THE CONCERNS PROMPTING THE REFERRAL FOR SERVICES:**

| PSYCHIATRIC/NEURODEVELOPMENTAL | MEDICAL | ACADEMIC |
|---|---|---|
| ☐Anxiety | ☐Premature – Born < 34 weeks | ☐Learning Disabilities |
| ☐Depression | ☐Concussion: When? | ☐Reading/Dyslexia |
| ☐ADHD – Attention Problems, Impulsive | ☐Head injury/Traumatic Brain Injury | ☐Writing/Dysgraphia |
| ☐"Behaviors" | ☐Seizures | ☐Math/Dyscalculia |
| ☐Autism Spectrum | ☐Cancer/chemotherapy/radiation | ☐Other: |
| ☐ADOS-2 Testing | ☐Craniosynostosis (skull malformed) | |
| ☐Social concerns | ☐Genetic conditions | |
| ☐Repetitive Behaviors/Tics | ☐Cardiac surgery/Heart issues | |
| ☐Sensory Processing | ☐Abnormal MRI/EEG | |
| ☐OCD | ☐ Other Medical Diagnosis:_____ | |
| ☐Prenatal exposure to D&A | | |
| ☐Adoption/Attachment/RAD | | |
| ☐Other: | | Academic Testing? ☐Yes ☐ No |

## INSURANCE INFORMATION

**PRIMARY INSURANCE COMPANY:** _____

**PRIMARY INSURANCE ID NUMBER:** _____

**INSURANCE TYPE:**

☐ Commercial/Employer Plan ☐ CHIP Plan ☐ Medical Assistance

**SECONDARY INSURANCE COMPANY:** _____

**SECONDARY INSURANCE ID NUMBER:** _____

**INSURANCE TYPE:**

☐ Commercial/Employer Plan ☐ CHIP Plan ☐ Medical Assistance

**COUNTY YOU LIVE IN:** _____

**REFERRED BY:** _____

**PREFERRED LOCATION:** ☐ South (Mount Lebanon) ☐ East (Plum) ☐ First Available

**FOR CPN USE:**

**SCHEDULED DATES: Dx:**_____ **Test:**_____

**ASSIGNED CLINICIAN:** _____

**CONFIRMATION CALL:** **VERIFICATION SENT:**