



Date: _____

| GENERAL DATA: | | | |
|---|---|---|--------------------------|
| NAME: <small>(Print Clearly)</small> | <small>First Name</small> | <small>Middle Name</small> | <small>Last Name</small> |
| Date of Birth: | Social Security #: | | |
| Race / Ethnic Group: | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Marital Status: M S D W | | |
| Home Telephone #: () | | Other Telephone #: () | |
| Physical Address: _____ | | | |
| City: _____ State: _____ Zip Code: _____ County: _____ | | | |
| <input type="checkbox"/> Homeless <input type="checkbox"/> Jail / Diversion <input type="checkbox"/> Out of Home Placement | | | |
| Parent(s) / Legal Guardian / Emergency Contact Data: | | | |
| Name: _____ | | Relationship: _____ | |
| Home Telephone: _____ | | Cell / Other Telephone #: _____ | |
| Physical Address: _____ | | City / State / Zip Code: _____ | |
| Payor Source Data: | | | |
| Please be prepared to present a copy of VALID Insurance Card *FRONT & BACK* | | | |
| Payor Source: <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> Self Pay <input type="checkbox"/> Other: _____ | | | |
| Insurance/Plan Description: _____ | | If Medicaid, What Plan? | |
| <input type="checkbox"/> Traditional <input type="checkbox"/> WellCare | | | |
| <input type="checkbox"/> AmeriGroup <input type="checkbox"/> PeachState | | | |
| Insurance Policy Holder: _____ | | Plan #: _____ | |
| Relationship to Referred: _____ | | | |
| ID#: _____ | | Co-Pay Amount: _____ | |
| Services Needed: | | | |
| Presenting Problems: (Brief description of problem including Behavior, frequency, precipitating factors, if applicable) | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| Services Requested: | | | |
| <input type="checkbox"/> Residential SA Treatment - Maya's House (Woman) <input type="checkbox"/> Intensive SA Outpatient - House of Focus (Woman) | | | |
| <input type="checkbox"/> Child & Adolescent Core Services – Sycamore Centre <input type="checkbox"/> Adult Core Services | | | |
| Outpatient Group Services: <input type="checkbox"/> Anger Management <input type="checkbox"/> Parenting <input type="checkbox"/> Individual Counseling | | | |
| <input type="checkbox"/> Family Counseling <input type="checkbox"/> Pre-Marital Counseling <input type="checkbox"/> Marriage Counseling | | | |
| <input type="checkbox"/> Domestic Violence (Men /Woman Groups) <input type="checkbox"/> Substance Abuse (Men /Woman Groups) | | | |
| Medications That Are Currently Prescribed: | | | |
| _____ | | | |
| _____ | | | |
| Agency Association: | | | |
| School: _____ | | Counselor _____ Principal _____ | |
| Probation Officer: _____ | | Probation Office: _____ Telephone# _____ | |
| Parole Officer: _____ | | Parole Office: _____ Telephone# _____ | |
| Judge/Attorney: _____ | | Judge/Attorney Office: _____ Telephone# _____ | |
| Case Worker: _____ | | DFCS Office: _____ Telephone# _____ | |
| Other Agency: _____ | | Office: _____ Telephone# _____ | |