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**All of the information provided during this intake is confidential and cannot be released without your consent.**

**Client Information:**

<b>FIRST NAME:</b>	_____	<b>DATE OF BIRTH:</b> _____ / _____ / _____
<b>LAST NAME:</b>	_____	MM DD YYYY
<b>ADDRESS:</b>	_____	<b>AGE:</b> _____ <b>SEX:</b> M F
	NUMBER AND STREET APT. #	<b>SOCIAL SECURITY#:</b> _____ - _____ - _____
	CITY STATE ZIP CODE	<b>Marital Status:</b> Married Single Separated Divorced Widowed
<b>HOME PHONE:</b> (____) _____ -- _____		<b>Employment status:</b> Employed Full-time student Part-time student unemployed/disabled
<b>WORK:</b> (____) _____ -- _____ EXT. _____		
<b>CELL:</b> (____) _____ -- _____		
<b>EMAIL:</b> _____		

**Responsible Party (if different than client):**

<b>FIRST NAME:</b>	_____	<b>DATE OF BIRTH:</b> _____ / _____ / _____
<b>LAST NAME:</b>	_____	MM DD YYYY
<b>ADDRESS:</b>	_____	<b>AGE:</b> _____ <b>SEX:</b> M F
	NUMBER AND STREET APT. #	<b>SOCIAL SECURITY#:</b> _____ - _____ - _____
	CITY STATE ZIP CODE	<b>OFFICE USE ONLY</b> Primary Dx _____, _____ DSM ICD Secondary _____, _____ Service code (initial) _____ sessions: _____ Subsequent code: _____
<b>HOME PHONE:</b> (____) _____ -- _____		
<b>WORK:</b> (____) _____ -- _____ EXT. _____		
<b>CELL:</b> (____) _____ -- _____		
<b>EMAIL:</b> _____		

**INSURANCE INFORMATION:**

<b>EMPLOYER:</b>	_____	<b>POLICY HOLDER:</b> _____
<b>INSURANCE COMPANY:</b>	_____	<b>DATE OF BIRTH</b> _____ / _____ / _____
<b>ADDRESS:</b>	_____	<b>RELATIONSHIP TO CLIENT:</b> _____
	NUMBER AND STREET PO BOX	<b>POLICY #:</b> _____
	CITY STATE ZIP CODE	<b>GROUP #:</b> _____
	(____) _____ -- _____	<b>SOCIAL SECURITY#:</b> _____ - _____ - _____
	PREAUTHORIZATION # _____	(of policy holder)
	<b>IS THERE A SECONDARY INSURANCE</b> YES NO	

**Referral Information:**

How did you hear about this office? \_\_\_\_\_

Is it okay to contact this party for further information? (circle one) Y N	If yes, please provide phone number: (____) _____ -- _____ EXT. _____
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**Signature of responsible party:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Your signature here certifies that you are aware of your responsibility for any unpaid balance on this account: