



# Connecticut Behavioral Health Associates, P. C.

New London, Norwich, Pawcatuck, Groton, Plainfield, Old Saybrook,  
New Britain, Southington, Hamden, Glastonbury

## CLIENT INTAKE FORM

Date: \_\_\_\_\_ Screener: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Male  Female

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

**Office Locations:**  New London  Norwich  Pawcatuck  Groton  Plainfield  
 Old Saybrook  New Britain  Southington  Hamden  Glastonbury

**Seeking:**  MEDICATION EVALUATION  THERAPY-INDIVIDUAL/FAMILY  DRUG/ALCOHOL TREATMENT

**Reason or Symptoms:** \_\_\_\_\_  
\_\_\_\_\_

**Current Medications & Prescribing Doctor:** \_\_\_\_\_  
\_\_\_\_\_

### PRIMARY INSURANCE INFORMATION

Subscriber's Name: \_\_\_\_\_

Subscriber's DOB: \_\_\_\_\_ Subscriber's SSN #: \_\_\_\_\_

Client's relationship to insured:  Self  Spouse  Child  Other

Insurance Company Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Insurance ID#: \_\_\_\_\_ Group #: \_\_\_\_\_ Insurance Company Phone: \_\_\_\_\_

### SECONDARY INSURANCE INFORMATION

Subscriber's Name: \_\_\_\_\_

Subscriber's DOB: \_\_\_\_\_ Subscriber's SSN #: \_\_\_\_\_

Client's relationship to insured:  Self  Spouse  Child  Other

Insurance Company Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Insurance ID#: \_\_\_\_\_ Group #: \_\_\_\_\_ Insurance Company Phone: \_\_\_\_\_

**Referred to:** \_\_\_\_\_ **Appointment Date & Time:** \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_  
\_\_\_\_\_