



INTAKE SCREENING FORM

Date _____ Email Address _____

Client Last Name _____ Client First Name _____ MI _____

Client Billing Address: _____
Street _____ City/State _____ Zip Code + 4 digit code _____

Client Phone Number: _____ Client Social Security #: _____

FEMALE/MALE/UNDIFFERENTIATED/UNKNOWN Client's Date of Birth: _____

Client's Mother's First Name: _____

PLEASE INDICATE SOURCE OF PAYMENT, YOUR INCOME AND HOUSEHOLD SIZE.

EARNED HOUSEHOLD INCOME (monthly or yearly): _____

UNEARNED HOUSEHOLD INCOME (monthly or yearly): _____

NUMBER OF PEOPLE IN YOUR HOUSEHOLD: _____

IF YOU ARE ON INSURANCE, MEDICAID, OR MEDICARE, PLEASE GIVE YOUR CARD TO SUPPORT STAFF TO MAKE A COPY SO THAT OUR BILLING OFFICE CAN CORRECTLY BILL YOUR CHARGES. IF INFORMATION IS MISSING YOU MAY BE SET UP AS SELF PAY AND FULL RATE. IF YOU DO NOT HAVE IT, PLEASE CALL THE OFFICE WITH IT ASAP. THANK YOU!

Self-Pay Court Services Medicare

Medicaid/T19 Number: _____

Insurance Company: _____
Insurance ID: _____ Insurance Group #: _____
Policy Holder: _____ DOB: _____ Social Security Number: _____

EAP Thru: _____ Number of free sessions: _____
Authorization/Reference Number: _____

Tricare: Sponsor Name: _____ Sponsor Date of Birth: _____
Sponsor SSN and Benefit ID Number: _____ ACTIVE DUTY/RETIRED

PLEASE ENTER INFORMATION FOR CLIENT:

Emergency Contact: _____ Relationship: _____

Emergency Contact phone number: _____

DEMOGRAPHIC INFORMATION FOR CLIENT

Primary Race:

- Alaska Native
- American Indian
- Asian
- Black or African American
- Hawaiian/Pacific Islander
- Other
- White

Marital Status:

- Divorced
- Never Married
- Now Married
- Separated
- Widowed

Adult Living Status:

(Client 18+)

- Adult Foster Care
- Alone or Independent Living
- Group Home
- Homeless
- Nursing Home
- Other
- Other Public/Private
- Supportive Living (Supervised Apt)
- Transitional Facility
- With Other Family Member
- With Parent
- With Spouse and Children
- With Spouse Only
- With Unrelated Person

If Criminal Justice Referral:

- State/Federal Court
- Attorney
- Department of Corrections
- Federal Probation
- Law Enforcement
- Prison
- State's Attorney
- Other
- Not Application

Special Education:

- Yes
- No

Ethnicity:

- Cuban
- Hispanic-Specific origin not specified
- Mexican
- Not of Hispanic Origin
- Other Specific Hispanic
- Puerto Rican

Highest Grade Completed:

Length of Employment or Not in Labor Force:

- 1 Year
- 16-20 Years
- 2-4 Years
- 21 or more years
- 5-7 years
- 6 months but less than 1 year
- 8-15 Years
- Less than 6 months

Did anyone refer you to BMS?

If Homeless?

- 4 or more episode homeless past 3 years
- Continually homeless for a year or more
- Not Homeless

Are you a Veteran?

- Yes
- No

English Proficiency:

- Full
- Limited
- Requires Assistance

Employment Status:

- Full Time
- Not in Labor Force
- Part Time
- Unemployed

If not in labor force, reason:

- Disabled
- Homemaker
- Inmate of Institution
- Not Applicable
- Other
- Retired
- Student

Referral Source:

- Alcohol/Drug Provider
- Alcoholic Anonymous
- Bureau of Indian Affairs
- Child/Day Care Provider
- Clergy
- College/University
- Community Hospital
- Community Mental Health
- County Board of Mental Illness
- Court/Criminal Justice
- Department of Social Services
- Department of Disability
- Division of Alcohol/Drug Abuse
- Employer/EAP
- Family/Self Referral/Friend
- Financial Counseling
- Gambling Anonymous
- Human Services Center
- Indian Health Services
- Information and Referral Hotline
- Medical Physician
- Nursing Home
- Other