Pre- Screen Form

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|  |  |  | Name: |  |
|  |  |  | DOB: |  |  |  |
|  |  |  | Insurance: |  |
|  |  |  | Phone: (C) |  |
|  |  |  | Phone(H) |  |
|  |  |  | Email: |  |

Please include Insurance ID and Group number, Subscriber name and DOB if different from self

1. Reason for appointment- (provide brief – i.e depression anxiety, couples, mood, substance abuse, family/relationship issues, PTSD, etc)
2. Any Recent hospitalizations: ( if so, why):
3. Any current or recent psychiatric medications:
4. Current legal involvement (i.e on probation, pending legal charges, court dates):