

**Client Intake Form**  
**Dan Staso, PhD**

Name: \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ email \_\_\_\_\_

Social Security #: \_\_\_\_\_

Employer: \_\_\_\_\_

Person responsible for account: self other \_\_\_\_\_

In case of emergency, name and phone #s of who to reach \_\_\_\_\_

\_\_\_\_\_

How did you get referred to me: a) list from insurance panel, b) internet, c) family or friend, d) yellow pages, e) newspaper article, f) radio interview, g) other

*(If I make a copy of your insurance card, you may leave this part blank)*

Name of insurance carrier \_\_\_\_\_

Name on account: \_\_\_\_\_

Insurance ID # of insured: \_\_\_\_\_

Address of carrier \_\_\_\_\_

Phone # of carrier \_\_\_\_\_

*Verification of coverage (mental health often requires precertification)*

Authorization # \_\_\_\_\_

# visits authorized to start \_\_\_\_\_ Co-payment \_\_\_\_\_

# visits authorized per calendar year \_\_\_\_\_

Deductible \_\_\_\_\_

Additional Notes \_\_\_\_\_

Date \_\_\_\_\_