

Forensic Consultation & Counseling Service, LLC

202 N. Main St. Rutland, VT 05701-2411

Office: 1-866-639-9573 (voice or fax) Email: info@fccsvt.com

Intake Information Form

PATIENT'S ID# _____

Re-OPEN

DATE OF CALL _____ TIME OF CALL _____ QuickBooks Insurance Verified

PATIENT NAME _____ DOB _____ SSN _____

ADDRESS _____ Marital Status _____

PHONE _____ cell work home Messages ok? Yes No _____

ALT PHONE cell work home Email _____

*****Are you currently enrolled in Vermont Chronic Care Initiative or have you been? yes no

CRASH COUNSELING First Multiple Life Out of State Diversion

GROUP MENTAL HEALTH COUNSELING (explain) _____

INDIVIDUAL SUBSTANCE ABUSE COUNSELING (explain) _____

MANDATED GAMBLING ANGER MGMT DOMESTIC VIOLENCE V O

NON MANDATED FAMILY THERAPY SERVICES Marital Child Family Education

OTHER _____

PAYMENT FOR SERVICES: INSURANCE _____ ID: _____ Co-Pay: \$ _____

*Copay due at appointment AUTH # _____

SLIDING FEE SCALE- Annual Income: _____ # of dependents: _____

Employment Status Unemployed Full Time Part Time Student

Employer / School _____

PRE-PAY OPTION- Pay day of service in office Mail Payment In Full

REFERRAL SOURCE CRASH RMHS STATE CSC Online DOC OTHER: _____

On probation/parole? No Yes PO Name _____ Ph # _____

EVALUATION APPOINTMENT: Chris Joyce Kitty Lauren Joseph Other _____

Wanted 1st appt. available? SCHEDULED _____ at _____ AM PM

PLAN: INDIVIDUAL COUNSELING WITH Chris Joyce Kitty Lauren Other

GROUP COUNSELING _____ With _____

PLANNED START DATE _____ at _____

ANY SPECIAL NOTES ABOUT CALL _____

SIGNATURE OF STAFF: _____ DATE: _____

72 hr. minimum processing time needed for payment received prior to documentation being released

**Evaluation may take longer than one session to complete. **