



INTAKE TABLE

Today's Date _____

- **Please fill out this form and fax it to the Intake Coordinator at (856) 797-4775**

Please print name as it appears on the insurance card.

Patients first name _____ Last name _____

Home address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

Patients date of birth _____ Age _____ Patients SS # _____ Sex _____

Name of insurance co. _____ Mental health co. _____

Phone number of Mental Health Co. _____

Policy ID # (if different from social) _____

Policy holders name _____ Policy holders Employer _____

Employee Assistance Program (EAP) Yes No If yes, employer name _____

Please check the office location preferred: Marlton Woodbury Somerset Other _____

Please check the service requested: Medication management Therapy (family/individual) Both

Patient referred by _____

What is prompting the patient to seek treatment? _____

Best time to call _____ Leave message? Yes No

Has the patient had prior inpatient or outpatient treatment? Yes No If yes, where _____

Please list patients conditions/allergies to medications _____

Patients current mental health medications _____

Please list any other special needs or requests _____

The following is for internal use only:

Assigned to _____ Date/Time _____ Office location _____

- **Please allow 48 hours for Intake Coordinator to contact you.**
- **If this is an emergency, please go to your nearest crisis center.**

Marlton Office:
733 East Rte. 70, Suite 201
Marlton, NJ 08053
Phone: 856.983.3900
Fax: 856.810.0169

Woodbury Office:
6 North Broad Street, Suite 301
Woodbury, NJ 08096
Phone: 856.251.0500
Fax: 856.251.9696

Somerset Office:
100 Davidson Ave., Suite 101
Somerset, NJ 08873
Phone: 732.271.0002
Fax: 732.271.0172

Intake Phone: 856.797.4700
Web: www.cfrfamilyguidance.com

Building Success in Relationships