

# ENDURANCE BEHAVIORAL HEALTH INTAKE REQUEST FORM

*Parent/Guardian must call after this form is sent in to start the intake process.*

*Call (603) 760-1942 x309. Please use black ink and write legibly.*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Willing to attend?  yes  no  unsure (Choose One)  In-Person  Virtual

Referred by: \_\_\_\_\_ Relationship to client \_\_\_\_\_

## **CLIENT INFORMATION**

Legal Name: First \_\_\_\_\_ Last \_\_\_\_\_

Chosen name (if applicable) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female  Intersex

Gender:  Male  Female  Nonbinary  Other: \_\_\_\_\_

Home Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

## **PARENT/GUARDIAN INFORMATION**

Parent/Guardian 1 Name: First \_\_\_\_\_ Last \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian 2 Name: First \_\_\_\_\_ Last \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**INSURANCE:**  Aetna  Anthem/BCBS of \_\_\_\_\_  Beacon  Cigna

Harvard Pilgrim  United Healthcare  Health Plans  MassHealth (MBHP only)

Oxford Health Plans  Tufts  Allways Health Partners  Well Sense  Unicare

Other: \_\_\_\_\_

**PRIMARY INSURANCE ID #** \_\_\_\_\_ **Group #** \_\_\_\_\_

Subscriber's Name \_\_\_\_\_

Subscriber's Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Insurance Phone (\_\_\_\_) \_\_\_\_\_

**2nd INSURANCE ID #** \_\_\_\_\_ **Group #** \_\_\_\_\_

Subscriber's Name \_\_\_\_\_

Subscriber's Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Insurance Phone (\_\_\_\_) \_\_\_\_\_

*OFFICE USE ONLY: Date Checked* \_\_\_\_\_ *Checked by* \_\_\_\_\_ *Eligibility Verified Y/N*

