

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 ONLY: *Please do not put parent/guardian's info in this section.*

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

***Parents Together** Y N ***Parental Custody Issues** Y N If yes explain on the back

Parent/Guardian 1 Name: First _____ Last _____

Cell Phone: (____) _____ Email: _____

Parent/Guardian 2 Name: First _____ Last _____

Cell Phone: (____) _____ Email: _____

INSURANCE: Aetna Amerihealth Caritas Anthem/BCBS of _____

Cigna Fallon GIC Harvard Pilgrim Health Plans

Mass General Brigham (formerly AllWays) MassHealth (MBHP only) Meritain

NH Healthy Families Oxford Health Plan Tufts (commercial only) Unicare

United Healthcare NH Well Sense 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*

