

ENDURANCE BEHAVIORAL HEALTH INTAKE REQUEST FORM

Please have a parent/guardian call us after sending in this form, 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

***Parental Custody Issues** __ Y __ N (If yes, please explain on Page 2)

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 (____) _____

Client currently hospitalized? Y N If Yes, Where? _____

Discharge date: _____ Crisis evaluation or discharge forms faxed to us? Y N

CURRENT CHIEF COMPLAINTS (Check all that apply and add comments below)

anxiety panic attacks OCD depression suicidal ideation suicide attempt

self harm psychosis trauma/PTSD grief/loss mood instability behavior issues

gender/sexual orientation issues ADHD learning disabilities school refusal

*violent behavior (e.g., aggression, stalking, sexual predation) *substance use

*autism spectrum disorder *intellectual or developmental disability *eating disorder

Other Clinical Notes: (Provide a brief description and attach additional notes if needed.)

Parental Custody Issues:
