



ENDURANCE

BEHAVIORAL HEALTH PLLC

P.O. Box 2899, 823 Lafayette Rd.
Seabrook, New Hampshire 03874
p 603-760-1942 f 603-760-1949
endurancebehavioralhealth.com

Intake Request Form

Fax to 603-760-1949 or email to intake@endurancebehavioralhealth.com

Submit with pictures of insurance card, front and back

Date: _____

Willing to attend? ☐ yes ☐ no ☐ unsure Program: ☐ 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 _____

Client's Cell Phone: (____) _____ Client's Email: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Name: First _____ Last _____

Cell Phone: (____) _____ Email: _____

Parent/Guardian 2 Name: First _____ Last _____

Cell Phone: (____) _____ Email: _____

INSURANCE: ☐ Aetna ☐ Amerihealth Caritas ☐ Anthem/BCBS ☐ Cigna ☐ Harvard Pilgrim
☐ Health Plans ☐ Mass General Brigham (commercial only) ☐ MassHealth (MBHP only) ☐
Meritain ☐ NH Healthy Families ☐ Oxford Health Plan ☐ Tufts ☐ UMR ☐ Unicare
☐ United Healthcare ☐ Wellpoint ☐ Well Sense (NH only) ☐ Other: _____

PRIMARY INSURANCE ID # _____

Subscriber Name _____ Subscriber Date of Birth: _____

2nd INSURANCE ID # _____

Subscriber Name _____ Subscriber Date of Birth: _____

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

Discharge date: _____ Crisis evaluation or discharge forms sent 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 send additional notes if needed.)

Parental Custody Issues (if applicable, please explain below):
