INTAKE FORM

Jackie Hudson, MFT, LPC
Marriage and Family Therapist

678 Country Club Road
Eugene, OR 97401
(541) 684-8101

Date:_____

Name: _____ Gender: Male ____ Female ____

Address: _____
(Street) (City) (State) (Zip)

Telephone: Home:_____ Work:_____ Cell:_____

Fax number:_____ E-mail:_____

Date of Birth: _____ Social Security Number: _____

Relationship (marital) status:_____ Children:_____

Your Occupation: _____ Employer:_____

Business Address:_____

Education:_____ Religious Preference:_____

Physician:_____ Physician's Phone Number:_____

Who referred you to therapy?_____

Briefly describe why you are here:_____

_____

Have you been in therapy before?_____ With Whom?_____

For how long?_____

Have you or anyone in your family been hospitalized or treated for any psychiatric or alcohol related problems?_____

Have you ever attempted suicide?_____ Or considered suicide? _____ If so, when?_____

Are you currently receiving medication or treatment for any illness?_____

What life experiences have been painful or traumatic for you? _____

_____

INSURANCE INFORMATION

Insurance Company:_____

Address:_____ Phone:_____

Insured's Name:_____ Relationship to Insured: Self___ Spouse___ Child___

I.D. Number:_____ Group Number:_____ Policy Number: _____

(Office use only: Axis Code _____ Billing Code _____)

ASSIGNMENT OF INSURANCE BENEFITS

In the event that this office will be billing my insurance, I hereby authorize payment directly to the Provider of Service for benefits due for myself or my dependent.

Signed:_____ Date: _____