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INTAKE FORM FOR INDIVIDUAL ADULTS

Client's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ E-mail: _____

Work Phone: _____ Cell Phone: _____

Other members of the household and their ages: _____

If there is medical insurance you plan to use, please consult your benefit booklet and/or call the 800 phone number on the back of the insurance card in order to complete the following questions:

Insurance company's name: _____

Claims address (from back of insurance card): _____

Name of insured: _____ Insured's date of birth: _____

Insured's ID number: _____ Insured's employer: _____

Group number: _____

Do you need a preauthorization for outpatient mental health services? **Yes** ___ **No** ___

If yes, do you have one? **Yes** ___ **No** ___

If yes, what is the authorization number: _____

If yes, how many therapy sessions have been authorized? _____

What is the maximum number of therapy sessions in a certain time period? _____

What is that time period (e.g. calendar year, 24 months starting from date of 1 session)?

What is your co-pay? _____ What is your relevant deductible amount? _____

When does the deductible renew? _____