

Intrinsic Motivational Counseling Services

6510 Abrams Road, Suite 280
Dallas, TX 75231
Ph. 469-225-9551

Name: _____ Phone: _____
Cell – Home – Work Text: Y - N

Address: _____ City/State/Zip: _____

Email: _____ DOB: _____ SSN: _____

Emergency Contact Name: _____ Phone: _____

Insurance: _____ Member ID: _____

Customer Service Phone: _____ Group Number: _____

Subscriber Name: _____ Subscriber DOB: _____

EAP Referral Code: _____ Do you have any additional coverage? Y - N

HOUSEHOLD MEMBERS

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Employer: _____

Length of Employment: _____ Position/Title: _____

Are you currently under the care of a physician? - Y N
Reason: _____

Have you ever sought treatment before? - Y N
Reason: _____

Do you currently have any legal action pending? - Y N
Please, explain: _____

Are you on probation/parole? - Y N
Please, explain: _____

What changes for you expect to see from counseling? _____

How did you hear about us? Online – Personal Referral – Insurance Provider List
Please, explain: _____