Top-Notch Behavioral Healthcare Services, LLC
10431 Siegen Lane, Suite 101, Baton Rouge, LA 70810
225-960-7179 (OFFICE) | 225-960-7185 (FAX)
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Client Enrollment Intake Form

Name of Parent or Legal Guardian ______ **Relationship to Client** ______

Potential Client ______ **Is this a crisis: Yes** ☐ **No** ☐

Street ______ **City** ______ **State** ______ **Zip** ______

Contact Number ______ **Alternate Number** ______

Date of Birth ______ **Current Age** ______ **Sex** ______

Social Security Number ______ **Medicaid #** ______

Current School ______ **Current Grade** ______

Source of Referral ______ **Insurance** ______

Has client been diagnosed with a disorder? ______ **DX** ______

Is client currently on medication ______ **Name of Meds** ______

Any Drug Allergies? ______ **Has client received counseling services before, if so where?** ☐ **YES** ☐ **NO**

Primary Care Physician ______

Pre-screening Risk Assessment

- ☐ School Suspension
- ☐ Physical Aggression
- ☐ Out-of-Home-Placement
- ☐ Argues with Adults/Authority
- ☐ Bullies/Threatens
- ☐ Suicidal Ideations/Threats
- ☐ Truancy
- ☐ Defiant Behaviors
- ☐ Stealing
- ☐ Difficulty Following Directions
- ☐ Verbal Aggression
- ☐ Significant Peer Difficulties
- ☐ Fights peers/siblings
- ☐ Family Violence
- ☐ Physical Abuse
- ☐ Sexual Abuse
- ☐ Self-Injurious Behaviors
- ☐ Fire-Setting Behaviors
- ☐ Substance Abuse
- ☐ Alcohol Abuse
- ☐ Anger

DATE OF REQUEST ______

Application Status ______ **Person taking request** ______