Top-Notch Behavioral Healthcare Services, LLC

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

DATE OF REQUEST _____

Application Status _____ **Person taking request** _____