

# We Care

# Intake Form

Office: (320)281-4449 / Fax: (320) 295-7418

**Please include: 1. mental health diagnostic assessment**  
(including psychosocial evaluation) and **2. current medication list** when submitting this intake form.

Date of Intake: \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_

(Office only) First date of billed service: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Phone: \_\_\_\_\_

Agency: \_\_\_\_\_

Consent form attached? Yes No (circle one)

**Program or Service Requested** check all that apply

MI/CD Day TX \_\_\_ AM / PM (circle preferred time)

ARMHS \_\_\_ Refugee ARMHS \_\_\_ Forensic ARMHS \_\_\_

Gambling Therapy / Assessment (circle one) \_\_\_

Mental Health Diagnostic Assessment \_\_\_

Psychological Assessment \_\_\_

Individual / Group Psychotherapy (circle one) \_\_\_

Name:

Insurance #:

Insurance Type/Company:

Date of Birth:

SSN:

Does this person require an interpreter? Yes No

What language does s(he) speak?

Primary Diagnosis: (Mental Health Diagnosis)

Diagnostic Code:

Secondary Diagnosis: (Chemical / Drug of Choice, if applicable)

Diagnostic Code:

Address (including zip code):

Home Phone:

Cell Phone:

Living Circumstances: Independent / Group (circle one)

If living in a Group Residence, what is the name of the facility? \_\_\_\_\_ Is this an IRTS? Yes No

Case Mgr / ACT Team contact:

County / Agency:

Phone:

Fax:

Psychiatrist:

Agency:

Phone:

Fax:

Primary Physician:

Clinic or Hospital:

Phone:

Fax:

Therapist:

Agency:

Phone:

Fax:

Probation Officer:

County:

Phone:

Fax:

List of Medications (circle one): attached or listed (on attached Medical History Intake form)

Mental Health Case Manager contacted (if applicable)? Yes \_\_\_ No \_\_\_

Last Mental Health hospitalization (if applicable) - date/place: \_\_\_\_\_

Last Day Treatment (if applicable) - date/place: \_\_\_\_\_

Date of last use of substance: \_\_\_\_\_ What substance did you use? \_\_\_\_\_

Do you require special needs transportation? Yes \_\_\_ No \_\_\_

If you have MA, you qualify for MNET transportation services. The number for MNET is 1-866-467-1724.

You must have your MA number ready when you call them.

Emergency Contact: Name: \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number: \_\_\_\_\_

Comments: