

NEBRASKA MENTAL HEALTH CENTERS - Confidential Intake Form

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|---|--|----------------------------|-------------------------|
| Name (First, Middle Initial, Last): | | Gender M F | Birthdate (mm/dd/yyyy): |
| Street Address: | City: | State: | Zip: |
| Home Phone: | Work Phone: | Cell Phone: | |
| Social Security Number: | Marital Status: S M W D | Email Address: | |
| Employer: | Full-time Part-time | Employer Address: | |
| Education Level (highest grade completed): | Student Now? Yes No | School: | |
| Have you (patient) had previous counseling? Yes No | If yes, please tell us when and with whom: | | |
| Emergency Contact (name, relationship, address, phone): | | How did you hear about us? | |
| Military Service: Yes No | If Discharged, please choose one of the following: Honorable Medical Dishonorable | | |

Parent / Legal Guardian Information (for patients under 19yrs of age, elderly, mentally disabled, etc)

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|--|-------------|--------------------------|------|
| Parent/Guardian Name (First, Middle Initial, Last): | | Relationship to Patient: | |
| Street Address: | City: | State: | Zip: |
| Home Phone: | Work Phone: | Cell Phone: | |
| Parent/Guardian Name (First, Middle Initial, Last): | | Relationship to Patient: | |
| Street Address: | City: | State: | Zip: |
| Home Phone: | Work Phone: | Cell Phone: | |

Insurance Plan Information

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|-----------------------------|-------------------------|--------------------------|----------|
| Primary Plan Name: | Phone #: | Policy #: | Group #: |
| Policy Holder Name: | Birthdate (mm/dd/yyyy): | Social Security Number: | |
| Policy Holder's Employer: | | Relationship to patient: | |
| Secondary Plan Name: | Phone #: | Policy #: | Group #: |
| Policy Holder Name: | Birthdate (mm/dd/yyyy): | Social Security Number: | |
| Policy Holder's Employer: | | Relationship to patient: | |