Therapeutic Specialties of NC, PLLC

704 South Garnett Street, Henderson, NC 27536
Ph.: 252-431-4418 Fax: 252-572-2418
officemanager@tsofnc.org

Adult Initial Intake Information

TODAY'S DATE: _____

Initial Intake for Adult

CLIENT	SPOUSE/PARTNER
Name:	Name:
DOB: Age:	DOB: Age:
Gender: Race:	Gender: Race:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Employer:	Employer:
Work Phone:	Work Phone:
Email Address:	Email Address:
Social Security Number:	

ALTERNATE PHONE THAT YOU CAN BE REACHED AT OR A MESSAGE CAN BE LEFT_____

Marital Status: Single: _____ Divorced: _____ Cohabiting: _____
Married: _____ Separated: _____ Other: _____

Referral and Insurance Information

Primary Care Physician:_____

Who referred you to our office?:_____

Insurance Company_____

ID #:_____**Group #:**_____

Policy Holder Name:_____**Policy Holder DOB:**_____

Other People Living in the Home

Names	Relationship:	DOB/Age: