

Bruce Deveau, LICSW
Client Profile / Intake Form

Client Name _____ Home Tel. _____
Work or Cell _____ Street Address _____
City _____ State _____ Zip _____ Email: _____
Date of Birth ___/___/___ Sex _____ Social Security # _____ Marital Status _____
Employment: ___ Full Time ___ Part Time ___ Self Employed ___ Not Currently Employed
Employer Name (optional) _____
Address _____ Phone _____
Student ___ No ___ Yes ___ Full-Time Student ___ Part-Time Student

Referred by: Name _____ Credentials _____
Primary Care Physician _____ Tel. _____

Person(s) Responsible for Payment: Same as above ___ Yes ___ No If No:
Name _____ Home Tel. _____
Work or Cell: _____ Street Address _____
City _____ State _____ Zip _____

Primary Health Insurance: _____ Effective Date ___/___/___
Policy / ID # _____ Cert. # _____ Group name / # _____
Policy Holder: Same as above ___ Yes ___ No If No:
Name _____ Address _____
Policy Holder's Phone _____ Date of Birth ___/___/___ Social Security # _____
Policy Holder's Relationship to Client: (circle) Self Spouse Child Other: _____
Other Insurance _____

For Office Use

Clinician: Bruce Deveau, LICSW Date: ___/___/___ Date first seeing this client: ___/___/___
Dx: Axis I _____/_____ Axis II _____ Axis III _____ Axis IV _____ GAF _____
Deductable: _____ Benefit Max: _____ Copayment: _____
of sessions authorized: _____ Beginning date: ___/___/___ through: ___/___/___ Auth. # _____
Clinician ID for this payor: _____ Other: _____

Basic Information

Name: _____ Date of birth: ___/___/___

Your answers to these questions will help me understand you better and help us get to work more quickly.
If you'd rather answer certain questions in person, just leave them blank.
If you need more space you can use the back side of the page.

Problem Description		
Please describe the problem or problems that bring you in for counseling.	How long have you been dealing with this problem?	Distress level on a scale of 1 – 10, with 10 being the worst.

Medications		
Current Prescribed Medications	Dose	Purpose
Allergies: _____		