Delaware Psychological Services & Associates

Today's Date: _____ **Patient' Name:** _____/_____/_____
Last *First* *MI*

Date of Birth:_____-_____-_____ **Age:**_____ **Gender:** _____ **Email** _____

Address: _____ **City:** _____ State:_____ Zip:_____

Home Phone :(_____) _____-_____ **Cell Phone:** (_____) _____-_____ **OK to call and leave a message or send text?** ☐ yes ☐ no

Emergency Contact Name and Number: _____ Relationship to Patient: _____

Name of Primary Insured Person: _____ **Birthdate of Primary Insured Person** _____-_____-_____

Insurance Company _____ Subscriber ID # _____ Group #_____

Insurance Company Phone Number for Providers:_____Does the Insurance Address Match the Mailing Address**?** ☐ yes☐ no

Mailing address if different from address on file with Insurance:_____

Primary Care Physician _____Phone: _____ MAT through START: Circle **Yes or No**

Referral Type: [ ] self [ ] family [ ] spouse [ ] friend [ ] physician [ ] work [ ] court [ ] school [ ] internet [ ] other:_____

For children & adolescents: Parents marital status: ☐ never married ☐ married ☐ separated ☐ divorced ☐ widowed

[ ] Mother (or Guardian) Name _____ Address_____

[ ] Father (or Guardian) Name _____ Address_____

Custody Arrangement (for divorced/separated parents) **Primary residence of child is with**: _____
__ Informal (no court order) __Joint legal custody __Sole Legal custody (mother) __Sole Legal custody (Father) __Other: _____

Therapist Preference:_____ **Preferred Times and Days:** _____

Location of visit please circle one: (Teletherapy) / (In person at Lewes Office) / (In person at Newark Office): If Teletherapy send instruction via email - Completed? _____

Reason:_____

_____ (**include 'reason' in 'notes' section of intake appointment)**

Date ***Contact Log Details***

Contact Date_____ Input in OA by_____ Ins Verified by_____ Date _____ Copay _____Deduct_____ Scan Ins Card?____

Scheduled By_____ With Provider:_____ On this Date_____ At this Time _____

Med Eval Provider:_____ On this Date_____ At this Time _____