

**SE HABLA ESPANOL / 908-617-3234
1 WEST CLIFF ST SOMERVILLE , NJ 08876**



Care Counseling C E N T E R

INITIAL INTAKE / SCREENING FORM

1. Client Name _____
2. Phone _____
3. Email _____
4. Services Requested / Reason For Services (Brief Description)

5. Self Pay / Insurance / Employer Paid (Please Circle One)
6. Medicaid ID # _____ (If Applicable)
7. Insurance Information
 - Insurance Company _____
 - Member ID # _____
 - Group # _____
 - Insurance Phone Number _____
8. Subscriber Information
 - Name _____
 - DOB _____
 - Address _____
 - Phone _____

Please email completed form to info@carecounselingcenter.org / or bring to first consultation