HELP THERAPIST
FEEL BETTER

3636 Fourth Avenue, Ste 302, San Diego, CA 92103
Office: 858-481-8827 | Fax: 858-244-0990 | info@helptherapist.com

DATE: DOB: SEX: M F SSN#:

CLIENT NAME:

STREET ADDRESS: CITY: STATE: ZIPCODE:

HOME PHONE: CELL PHONE: EMAIL:

Emergency Contact: Relationship to Client: Contact's Phone:

REFERRER INFORMATION:

REFERRED BY: PHONE# EMAIL:

AGENCY NAME: FAX#

First Time Referring? Yes No How did you hear about HELP?

Would you like to receive our newsletter? Yes No If yes, your email address:

INSURANCE INFORMATION:

MEDICARE ONLY BENIFICIARIES MEDICARE #

SECONDARY INSURANCE NAME: ID#:

OTHER INSURANCE:

SELF

PRIMARY INSURED NAME: SPOUSE ID#:

SECONDARY INSURED NAME (if applicable): ID#:

MEDICAL INFORMATION:

Primary Physician Name: Phone #

Psychiatrist Name: Phone #

Current Psychiatric Medication:

Reason for Referral:

Psychological Evaluation**(type): **Fax Chart Notes to (858)244-0990

In-Home In-Office In-Facility Video Sessions, *If Video Sessions Email:*

English Speaking: Yes No (*If No, Other Language:*

Special Needs: Elevator Sightedness Hearing Issues Suicidal Ideation Fire Arms in Home Sex Offender

Provider Preference: Male Female No Preference

Office Use Only: