Child & Adolescent Intake Form

Bio-Behavioral Medical Clinics
1060 W. Sierra Avenue, Suite 104,
Fresno, CA 93711
Phone: 559. 437. 1117
Fax: 559. 437. 1119

○ **Emergent** ○ **Urgent** ○ **Routine**

Type of Referral: ○ MD/NP ○ TH

_____ / _____ / _____ Date | _____ Account # | _____ Authorization # | _____ # Visits:

_____ Name of Person Providing Information

_____ Relationship to Child

Are both parents in the household? ○ Yes ○ No

Single Parent? ○ Yes ○ No

Name of Legal Custodian: _____

Relationship to Child: _____

Please provide the court order which determines custody arrangements and legal custodianship. This is necessary for our records

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_____ Patient Name | _____ Age | ___/____/_____ DOB | Sex: ○ F ○ M

_____ Address | _____ City | _____ State: | _____ Zip Code | _____ Primary Contact Phone#

Subscriber's Name: _____ Subscriber's ID#: _____

Subscriber's Date of Birth: _____ Insurance: _____ Date Verified: _____

Plan: _____ Group: _____ Effective#: _____

Benefit **MD:** _____ **TH:** _____

_____ Referred By | _____ Referral Contact | _____ Phone # | _____ Fax #

Previous Mental Health Treatment: ○Yes ○No *If Yes, Provider / Date*: _____

Inpatient hospitalization for MH within the last 30 days? ○ Yes ○ No *If yes, Date Admitted & Discharged / Where?*: _____

Are you currently taking medications for: (additional medications write on back)

○ Depression (antidepressants) ○ Psychosis (mood stabilizers) ○ Anti-anxiety (sedatives) ○ADHD ○ Pain Medications

Prescribing Provider: _____ List of Meds: _____

○ ADD / ○ ADHD: _____ Who were you disagnosed by? | _____ PCP / School / Provider & Date

Is patient willing to attend the session with the provider? ○ Yes ○ No ***If not session may be interrupted at providers discretion***

Request Psychiatrist / NP: _____ Appt Date & Time: _____

Request Therapist: _____ Appt Date & Time: _____

Client Consent to Mail Appointment Letter: ○ Yes ○ No Additional Notes on Back: ○

Primary Dx: _____ Other: _____

Presenting Problem: _____

BBMC USE ONLY DISPOSITION BBMC USE ONLY

1ST Call: _____ 2nd Call: _____ Appt Set: _____ Fax to PCP:_____

Note: _____ Initials: _____