

# Client Intake Form

## Demographic Information

First Name:	_____
Middle Initial:	_____
Last Name:	_____
Date of Birth:	_____
Social Security Number:	_____
Sex:	M F
Marital Status:	_____
Address:	_____
City:	_____
State:	_____
Zip Code:	_____
Phone Number:	_____
Email Address:	_____
Referring Physician:	_____
Referring Physician Phone Number:	_____

## Insurance Information

Primary Insurance Company:	_____
Subscriber ID # (including letters):	_____
Group Number:	_____
Secondary Insurance Company:	_____
Subscriber ID # (including letters):	_____
Group Number:	_____
Insurance Policyholder Full Name:	_____
Insurance Policyholder Date of Birth:	_____
Insurance Policyholder Address:	_____
Insurance Policyholder Relationship:	Self Spouse Child Other
Insurance Policyholder Social Security Number:	_____
Insurance Policyholder Sex:	M F

All TheraThink clients can [log into TheraThink's application panel](#) to access appointment and client information. Watch our video tutorial here: <https://www.youtube.com/watch?v=BHwW8o4uGc4>

### Appointment Log

Date of Service	CPT Code	Diagnosis	Notes