

Email (LPHA/SC) _____
 Email (clinic super) _____
 Email (FSRP) _____
 Email (BHIS staff) _____

VW _____
 Rolodex _____
 Forms _____

Calendar _____
 SS _____

INTAKE FORM

First Name:	Middle Name:	Last Name:
Gender: Male Female	DOB:	Age:

Client is involved with an IHH program no yes

Location of Assessment

Ames	Charles City	Clinton
Davenport	Denison	Des Moines
Dubuque	Fort Dodge/Humboldt	Manchester
Maquoketa	Mason City	Muscatine
Oelwein	Spencer	Waterloo/Waverly

Program Type

LPHA Services _____ LPHA (re)Assessment Only _____ BHIS _____

Assessment Date:
Assessment Time:
Therapist:

Referral Information

Referral Date:	Referral Name:	Referral Phone:
State:	Organization:	Email:
Attorney	BIS LSI	Case Management
Church	Community	CWES LSI
DHS Worker	Doctor/Nurse	Early Childhood--LSI
Foster Parent	Friend	Human Service Agency
Juvenile Court Officer	Law Enforcement	LSI FSRP
Non-LSI Therapist	Other	Other LSI Program:
PIHH LSI	Poster/flyer	RT LSI
School Psychologist	School Suggestion	School Teacher
SFPD LSI	Step-In LSI	Child Protective Services
		Day Care
		Family Member
		IKN Foster Care Staff
		LSI Therapist
		Parent
		School Counselor
		Self

What Made You Contact LSI Today?

Attended Event	Billboard	Brochure
Current LSI Client in Another Program	Email	Family Member was/is LSI Client
Internet Search	Mail	Other:
Phone Book	Poster/Flyer	Previous LSI Client
Radio Ad	Resource List/Manual/Book	School Suggestion
Suggestion of Friend/Family	TV Ad	

Payment Information

Medicaid #:	MCO: AmeriG AmeriH UHC	MCO ID #:	Active: Y N
3 rd Party Insurance Co.:	3 rd Party Insurance Phone:	3 rd Party Insurance Claim Address:	
Policy Holder:	Relationship to client: Self Spouse Child Other	Employer:	
Insured Address:	Insured Phone:	Insured DOB:	
Insured ID:	Group #:	Private Pay Guarantor:	

Guardian's Name:	Relationship to Client: (if biological parents not married) *Bring custody agreement/court order to 1 st meeting
Marital Status:	Primary Custody:
Street Address:	Home Phone:
Street Address:	Cell Phone:
City:	Work Phone:
State:	Email:
Zip Code:	Comments:
County of Settlement:	

Form completed by: _____