SOUTHWEST FAMILY
GUIDANCE CENTER & INSTITUTE

General Intake Form Date: _____

Client's Legal Name: _____ DOB:_____

Sex: ☐Female ☐Male Race/Ethnicity: _____

Primary Language: _____ SS Number: _____

Status: check all that apply:☐Child ☐Never Married ☐Married ☐Divorced ☐Student ☐Employed

School: _____ Employer: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different):_____

City: _____ State: _____ Zip: _____

Contact Phone #1: _____ #2: _____

If under 18: Guardian Name/Relation: _____

Emergency Contact Name/Relation: _____

Emergency Contact Phone #:_____

Psychiatrist: _____ Phone #: _____

Primary Care Physician: _____ Phone #: _____

Payment Type: Check box and complete required information.

☐ Commercial Insurance	Insurance Co. Name:	Policy # Co-pay Amount
☐ Medicaid	Medicaid ID # (blue card)	Medicaid Type: Centennial Healthcare ID#
☐Private Pay	Cash, Check and Credit Cards (VISA, MasterCard & Discover), Albuquerque office only Rates: $65 Initial Visit (Intake) / $55 Regular Visit / Prices for special service vary	
Other (Please explain):		

Primary Insured's Information **(ONLY if different than above):**

Name: _____DOB:_____SS#:_____ Sex: ☐M ☐F

Insured's Employer or School: _____

☐Spouse ☐Child Other: _____