



Intake Form

Welcome to Alliance! Thank you for choosing us to provide your care. Clients are seen for intake on a first-come, first-serve basis. Depending on the number of individuals checking in today, there may be a wait to see a therapist. We appreciate your patience and understanding.

Date: _____ Time: _____ Chart #: _____ Circle: New Client or Readmit

Legal Name: _____
Preferred Name: _____ Are you a US Citizen? Yes or No Preferred Language: _____
Social Security #: _____ - _____ - _____ Date of Birth: _____ / _____ / _____
Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____ Email: _____
Address: _____ Unit #: _____ City: _____ State: _____ Zip Code: _____

Are you currently having thoughts of harming yourself or others? Yes or No

Number in Household: _____ Number of Dependents: _____ Household Income: _____

Do you have a Court Appointed Conservator or Legal Guardian? Yes or No

If yes- do you have Court documents confirming this? Yes or No

If yes- list their name: _____ and Phone Number: _____

Do you have an Emergency Contact? Yes or No

If yes- list their name: _____ and Phone Number: _____

What is their relation to you: _____ and Address: _____

Do you have a Primary Care Physician? Yes or No

If yes- list their name: _____ and Phone Number: _____

What is their address: _____

Were you referred to Alliance? Yes or No If Yes, by Who: _____

Have you been seen by Alliance Healthcare Services in the past? Yes or No

Have you been to another mental health agency? Yes or No If Yes, where: _____

Do you have any current legal charges? Yes or No

If yes, briefly explain: _____

Do you have Insurance: Yes or No (Circle or Write-In Policy #):

TennCare: _____ Medicare: _____
BCBS Network: P/S/E Cigna Aetna Humana Uninsured Behavioral Health Safety Net
Other: _____

Demographics

Race (Select one):

- ☐ African American/Black American Indian
- ☐ Alaskan Native
- ☐ Asian
- ☐ Caucasian/White
- ☐ Hispanic
- ☐ Pacific Islander/Native Hawaiian
- ☐ Two or More Races
- ☐ Other

Ethnicity (Select one):

- ☐ Hispanic Origin
- ☐ Not of Hispanic Origin
- ☐ Unknown

Sex Assigned at Birth (Select one):

- ☐ Decline to Answer
- ☐ Don't Know
- ☐ Female
- ☐ Male

Gender Identity (Select One):

Male / Female
Trans Man (F to M)
Trans Woman (M to F) Genderqueer
Gender Non-conforming
Other

Preferred Pronouns:

- ☐ He/Him
- ☐ She/Her
- ☐ They/Them

Military Status:

- ☐ Active
- ☐ N/A
- ☐ Reserves
- ☐ None
- ☐ Retired
- ☐ Unknown

Sexual Orientation (Select one):

- ☐ Decline to Answer
- ☐ Don't Know
- ☐ Bisexual
- ☐ Lesbian or Gay
- ☐ Queer, Pansexual, or Questioning
- ☐ Straight or Heterosexual
- ☐ Something Else (Please Specify): _____

Marital Status (Select one):

- ☐ Divorced/Annulled
- ☐ Married
- ☐ Never Married
- ☐ Separated
- ☐ Widowed
- ☐ Unknown

Education Level (Select one):

- ☐ GED
- ☐ Tech Ed in Addition to High School
- ☐ Tech Ed in Lieu of High School
- ☐ Grade: 1 2 3 4 5 6 7 8 9 10 11 12 (circle)
- ☐ College Year: 1 2 3 4 (circle)
- ☐ Graduate College
- ☐ Master Degree
- ☐ Doctorate Degree
- ☐ No Academic
- ☐ Unknown

Military Discharge Status:

- ☐ N/A
- ☐ Bad Conduct
- ☐ Dishonorable
- ☐ General
- ☐ Honorable
- ☐ Other than Honorable
- ☐ Unknown

Smoking Status:

- ☐ Never Smoker
- ☐ Current Every Day Smoker
- ☐ Current Some Day Smoker
- ☐ Former Smoker
- ☐ Unknown