

# The Personal Development Group, Inc.

P.O. Box 5126 ~ Evanston, IL 60204-5126 ~ 847-686-4000, 773-635-4000

## Intake Information

### Client Information:

Last Name of Client: \_\_\_\_\_ First Name of Client: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student: Yes No

Email address: \_\_\_\_\_ Marital Status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Current medications (list): \_\_\_\_\_

Allergies (list): \_\_\_\_\_

### Insurance Information (if applicable):

Name of Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer or School Name: \_\_\_\_\_ SS #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone number: \_\_\_\_\_

Member ID Number: \_\_\_\_\_ Insurance Plan Name: \_\_\_\_\_

Group/Policy Number: \_\_\_\_\_ Medical Plan: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Co-Pay: \_\_\_\_\_ Deductible: \_\_\_\_\_ Sessions per year: \_\_\_\_\_

PMG/IPA: \_\_\_\_\_ Insurance Certification/Approval Number: \_\_\_\_\_

### Referral Information:

Who referred you to **The Personal Development Group**?

pdgchicago.com

psychologytoday.com

Insurance company

networktherapy.com

Insurance Website

findcounseling.com

person \_\_\_\_\_

MD

Have you been in therapy before? When/therapist name? \_\_\_\_\_

Briefly, describe the current issues you are experiencing and the length of time you have currently struggled with these circumstances: \_\_\_\_\_

### Office Use:

Dx \_\_\_\_\_ Intake Date: \_\_\_\_\_ By: \_\_\_\_\_ # approved sessions \_\_\_\_\_

Billing Address: \_\_\_\_\_