PHONE INTAKE FORM

DATE:_____ TIME:_____ A.M./P.M. TAKEN BY:_____

Client Information

CLIENT(S):_____ ☐ MALE, AGE:_____ ☐ FEMALE, AGE:_____
DOB:_____ weight_____ height_____
CONTACT PERSON:_____ ☐ MALE ☐ FEMALE
HOME PHONE:_____ O.K. TO LEAVE MESSAGE: YES/NO:_____
WORK PHONE:_____ EXT:_____ OTHER:_____ MAY WE CALL HERE? ☐ YES ☐ NO
ADDRESS:_____ EMAIL:_____
CITY:_____ STATE:_____ ZIP:_____ COUNTY:_____

Services Assessment

-May I ask you a few questions to complete a phone intake form? These questions are designed to help us assign a therapist to you that would best meet your needs.

1. SERVICES: ☐ HIPPO(OT/PT/SP) ☐ THERAPEUTIC RIDING ☐ EAP
   ☐ RIDING LESSON ☐ HORSEMANSHIP ☐ OTHER:_____
2. GOALS OR ISSUES NEEDING ADDRESSED IN SESSION?
   _____
   _____
   _____
   _____
3. HOW OFTEN: ☐ I TIME/WEEK ☐ 2 TIMES/WEEK ☐ EVERY OTHER WEEK ☐ OTHER
4. HAS CLIENT(S) EVER RECEIVED THERAPY/LESSONS BEFORE? ☐ YES ☐ NO
   IF YES, WHO:_____ WHERE:_____ HOW LONG:_____
5. WILL THE CLIENT BE ABLE TO COME FOR A SESSION/LESSON BETWEEN 9A.M.-5P.M. OR AFTER 5P.M. MON-THR? ☐ YES ☐ NO IF NOT, WHEN:_____
6. HOW DID YOU HEAR ABOUT REFUGE SERVICES?
   ☐ FAMILY ☐ FRIEND ☐ BROUCHURE ☐ OTHER_____
7. Are you an active member, or a retired veteran of the United States Military services? ☐ YES ☐ NO
   IF YOU ARE, ADDITIONAL DOCUMENTATION IS REQUIRED UPON INITIAL
   - **A copy of your DD- 214**
   - **Or a current copy of your Military ID**

Intake Checklist

☐ INFORMED OF FEE ($_____)
WILL BE PAYNG BY: ☐ CASH ☐ FEE REDUCTION ☐ BENEVOLENCE
☐ OTHER_____ ☐ COMMENT:_____

☐ ADVISED PAYMENT IS DUE AT THE TIME OF SERVICE
☐ ADVISED TO COME IN 15-20 MINTUET EARLY FOR 1ST SESSION
☐ ADVISED OF 24 HR. CANCELLATION POLICY
☐ ADVISED OF NO SHOW POLICY
☐ ADVISED OF ADDITIONAL MILITARY DOCUMENTATION, IF REQUIRED

Therapist Request

THERAPIST/INSTRUCTOR REQUESTED:_____ 1ST APPT:_____ ☐ CAN. ☐ N/S

CONTACT INFORMATION:

DATE	TIME	COMMENT	INITIAL S	
_____	_____	_____	_____	☐ RANDY
_____	_____	_____	_____	☐ PATTI
_____	_____	_____	_____	☐ _____