Cara Corneau, MA
Pre-Licensed Clinical Psychologist- Master

INTAKE INFORMATION

Client's Information:

Last Name: _____ First Name: _____ M. I.:____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

Date of Birth: _____ Gender Identity: _____

Employer: _____ Occupation: _____

Person to Contact In Case of an Emergency:

Name: _____ Relationship: _____ Tel: _____

Contact Information for Clients under 18 years of Age:

Parent/Guardian: _____

Home Phone: _____ May I leave a message at this number? Yes No

Cell Phone: _____ May I leave a message at this number? Yes No

Work Phone: _____ May I leave a message at this number? Yes No

Email: _____

Additional Parent Guardian: _____

Home Phone: _____ May I leave a message at this number? Yes No

Cell Phone: _____ May I leave a message at this number? Yes No

Work Phone: _____ May I leave a message at this number? Yes No

Email: _____

Additional Parent Guardian: _____

Home Phone: _____ May I leave a message at this number? Yes No

Cell Phone: _____ May I leave a message at this number? Yes No

Work Phone: _____ May I leave a message at this number? Yes No

Email: _____

Health Insurance Information:

Insurance Provider:

- BCBS/VT
- Medicaid
- Cigna

Whose Insurance is this?

- Name:
- Date of Birth:

ID#:_____

Group #:_____

School Information:

School: _____ Grade: ____ Teacher: _____

Classroom Setting: _____

IEP: Yes No

Interventionist: Yes No

504 Plan: Yes No

Referring Physician: _____

Reason for Referral

Please take a moment to explain the reasons you are seeking psychological support. What concern is bringing you and/or your child into care?

Goals for Treatment:
Please explain what you are hoping to gain from treatment.

Person Completing From: _____

Date: _____