

Fax to: 804-673-2061

For JFS admin to complete:
Clinician _____
Appt. date/time _____
Case #: _____

**JEWISH FAMILY SERVICES
GENERAL INTAKE**

Date: _____
Services Requested: Counseling _____ Psychological Evaluation (**SEE BELOW**) _____
Person completing this form contact information (if not the client):
Name: _____ Agency: _____
Ph.# _____ Fax# _____

CLIENT'S PERSONAL INFORMATION (PLEASE PRINT):

Name: _____
(FIRST) (M.I) (LAST)
Address: _____
(STREET ADDRESS) (APT#) (CITY) (STATE) (ZIP) (COUNTY)
Phone: _____ **Preferred Contact #** _____

INSURANCE INFORMATION. PLEASE ATTACH A COPY OF INSURANCE CARD

1) Company Name: _____ **Telephone:** _____
Policy Holder: _____ DOB: _____ Relation to Client: _____
Employer: _____ Policy #: _____ Group#: _____
2) Company Name: _____ **Telephone:** _____
Policy Holder: _____ DOB: _____ Relation to Client: _____
Employer: _____ Policy #: _____ Group#: _____

STATISTICAL INFORMATION:

Birth Date: ___/___/___ **SSN:** ___-___-___ **Marital Status:** _____
Yearly Income: \$0-10,000: ___ **\$10-14,999:** ___ **\$15-24,999:** ___ **\$25-34,999:** ___ **\$35-49,999:** ___
\$50,000 +: ___
Veteran: Yes ___ No ___
Religion: JEWISH ___ CATHOLIC ___ PROTESTANT ___ BUDDHIST ___ MUSLIM ___ OTHER ___ **Gender:** M ___ F ___ Other ___
Race: WHITE ___ AFRICAN AMERICAN ___ NATIVE AMERICAN ___ HISPANIC ___ ASIAN ___ TWO OR MORE ___ OTHER ___

COMMENTS/ADDITIONAL INFORMATION: _____

FOR PSYCHOLOGICAL EVALUATIONS PLEASE COMPLETE THIS SECTION

What type of agency requested the evaluation? _____ Date Report Due: _____
Court Ordered: Y N (attach order) Capacity Evaluation: Y N
Testing Requested: Y N Type (circle): ID Waiver/IQ Educational ADHD Emotional

Please note, in most cases, testing will NOT be conducted at the initial appointment as it may require additional insurance authorization.

How did you hear about JFS?
___ Adult Care Facility ___ Current or Former Svc. At JFS ___ Insurance Referral ___ Mailing/Flyer ___ Self
___ Advertising ___ Friend/Family ___ Internet ___ MD ___ United Way
___ CAAA ___ Govt. Agency ___ Jewish Affiliation ___ Mental Health Prof. ___ Visit/Presentation
___ Community Svc. Agency ___ Home Health Agency ___ Ref'd by JFS Client ___ Religious ___ Yellow Pages
___ Court/Lawyer ___ Hospital Personnel ___ Ref'd by JFS Staff/Board ___ School Professional ___ Other