



INTAKE FORM

Address: 1100 Northwest Loop 410 Suite 700

Castle Hills, TX 78213 United States

Phone: +1(210)-441-6024

Email: info@liveoakpsychiatric.com

Date **Agent/Representative Name**

Client Name **Date of Birth** **SS#**

Client Information

Home Phone **Cell Phone** **Email Address**

Address

City **State** **ZIP Code**

Insurance Name **Insurance ID #** **Group #**

Reason for visit **Medication Allergies (if any)**

Pharmacy Name and Address

Is this visit in seek of Benzodiazepines?
Please answer yes or no.

Yes No

Previous Customer?

Is this visit solely in seek of FMLA?
Please answer yes or no.

Yes No

Availability for Follow-ups

Is this visit solely in seek of stimulants?
Please answer yes or no.

Yes No

Referred by

Please provide front and back copies of your driver's license and insurance cards with this form.