

Intake Call

Date: _____ Time of Call: _____ Date clients wants to come: _____

Referral name: _____ Phone#: _____(_____)_____

Potential Client Name: _____ Phone# _____(_____)_____

Address: _____ Age: _____ DOB _____

Social Security Number: _____ Insurance Type: _____

Does Client have: ID: _____ Birth Certificate: _____ SS card: _____

Client wants treatment? Yes/No: _____

Drug of Choice: _____ Any Other: _____

Do you take medications: _____

List of Mediations: _____

Mental Concerns: _____

Health Concerns: _____

Do you have a PCP: _____ Physical: _____ COVID documentation: _____

Legal Concerns: _____ Charges/Upcoming hearings: _____

How did you hear about Genesis House Ministries Inc and what made you choose GHM?

Follow Up:

_____ Intake Packet Sent _____ Application Sent: _____ Referred to website

Staff Signature

Supervisor Signature