

Trish Garrison, LICSW
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Exeter, NH 03833

(603) 722 - 0176
INTAKE INFORMATION

Name: _____ Date: _____

Residence/Address: _____

Mailing address: (if different) _____

Date of Birth: _____ Age: _____ Email address: _____

Phone: (home) _____ (cell) _____ (work) _____

Message permitted? _____ Referred by: _____

Occupation: _____ Highest Level of Education: _____

.....
Insurance information: (if using this insurance to pay for therapy)

Ins Company: _____ Policy #: _____

Insurance Phone # for Providers: _____ Policyholder's Name: _____

Policyholder's Date of birth: _____ Relationship to Policyholder: _____

Primary Care

Physician: _____ Physician's Phone # _____

Medical Issues: _____

Current Medication: _____
(Include medication, dosage, frequency, reason for taking)

Previous

Counseling: _____

Hospitalizations: _____
(Include therapist or hospital name, town/state, start & end dates of treatment)

Emergency

Contact: _____ Phone #: _____

Address: _____ Relationship? _____