Procentive Client # ___________
(office use)

Adult Intake Form

Counseling Services of Southern Minnesota

Date of Referral: ______________________ **Service(s) Requested:** ______________________

Referred by: ______________________ **Phone or Email:** ______________________

Have you received services at CSSM in the past? □ Yes □ No

Legal Name: ______________________ **Preferred Name:** ______________________

Date of Birth: ______________________ **Sex:** ______________________

Phone Number: ______________________ **Can we email or text you?** □ Yes □ No

Email: ______________________

Mailing Address: ______________________

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Site Preference: □ St. Peter □ Mankato □ Either

Primary Language: ______________________ **Do you need an interpreter?** □ Yes □ No

Do you have a legal guardian? □ No □ Yes- Guardian Contact: ______________________

Insurance

Primary Insurance: ______________________

ID Number: ______________________ Group Number: ______________________

Subscriber Name, Birthdate: ______________________

Secondary Insurance: ______________________

ID Number: ______________________ Group Number: ______________________

Subscriber Name, Birthdate: ______________________

Billing Information/Contact (if different from above)

Name: ______________________

Address: ______________________

Phone: ______________________

Current Services

Medical/Primary Care: ______________________ Agency/Location: ______________________

Therapist: ______________________ Agency/Location: ______________________

Case Manager: ______________________ Agency/Location: ______________________

Psychiatrist: ______________________ Agency/Location: ______________________

Please provide a brief reason for seeking services (current concerns):

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Do you identify with a specific culture, race, religion, gender identity, or background that you want us to be aware of for best treatment?

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Are you willing to work with a clinical intern (a graduate student under the supervision and guidance of a licensed therapist)**?** □ Yes □ No

FAX REFERRAL TO:
ATTN: INTAKE DEPT
FAX NO: 507-931-8060
Questions? PHONE NUMBER: 931-8040