

Stress and Anxiety Services of New Jersey, LLC

A-2 Brier Hill Court
East Brunswick, NJ 08816
www.StressAndAnxiety.com

Phone: (732) 390-6694
Fax: (732) 432-7206
Email: SAS@StressAndAnxiety.com

Hello, and welcome to our link for New Client Forms!

If you have already contacted our office and scheduled an appointment, this link is designed to save you time during our initial interview.

On the following pages are two forms; a one-page Insurance Information Form, and a three-page Pre-Intake Form. These forms are NOT set up to be filled out online and electronically submitted. Instead, print out this section (you can tell your printer to print out pages 2-5, so that you don't get this page), fill it out before you come in for your first session, and then bring it in with you when you come in for your appointment.

This will allow for the best use of our time during the initial session, as there are many other questions that we will review during our initial meeting. If you are not sure how to answer something, just leave it blank. We will review all the information you have provided in these forms, so that if you need to clarify anything, you can do so at that time.

Thank you in advance. Looking forward to working with you.

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INSURANCE INFORMATION FORM-Please print clearly

Name of client _____ Birth date _____

If minor, name of parent or guardian _____

Home phone (_____) _____ Business phone (_____) _____

Cell phone(_____) _____ Email _____

Address _____

Whom may we thank for referring you? _(name) _____

(address) _____ (tel) _____

Marital status: Single ____ Married ____ Divorced ____ Widowed ____

Social Security number _____ - _____ - _____

Person financially responsible for this account _____

Relationship to client _____ Address (if different from client's) _____

Insurance company name & address _____

_____ Insurance ID # _____

Subscriber's name (if different from client's) _____

Subscriber's birth date (if different from client's) _____

I authorize this office to release any information necessary to expedite insurance claims.
I understand that I am responsible for all for all charges, regardless of insurance coverage.

Client, Parent, or Guardian signature _____ Date _____

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PRE- INTAKE FORM- please print clearly

Name _____ DOB _____ Age _____

Marital status a.Single ____ b.Married ____ what year?____ c. Separated ____ year? ____

d.Divorced ____ year? ____ e.Widowed ____ year? ____ f.Cohabitate____ how long? _____

Spouse (first name/age) _____

Children (first names/ages) _____

Who is living in your present home with you? _____

Level of Education _____

Currently in school/training program? (please circle one) Yes No

If yes, Where? _____

Employed? No Part Time Full Time

(if no, skip to Present medical conditions)

*If other than client, name of person employed and relationship to client:

Where employed? _____

Employed here since when? _____

Present employment position _____

Previous positions (last five years)

Present medical conditions (high blood pressure, diabetes, allergies, etc.)

History of medical (non-psychiatric) hospitalization? Yes No

If yes, please indicate year and reason (do not count uncomplicated pregnancies)

Are you taking any prescription medication now (psychiatric or otherwise)? Yes No

If yes, indicate Name of Medication, Dosage, Since When Taken, and any Present Side Effects:

Please provide the name, address and phone number of any physician currently prescribing psychiatric medication for you . If you need more room, please write on separate 8"x 11" paper.

Please list any additional psychiatric medications that you have previously been on:

Have you had any psychiatric hospitalizations? Yes No

If yes, please indicate where and approximate dates:

Have you been in therapy before? Yes No

If yes, please indicate the name of the therapist, address and telephone number, and the approximate beginning and end dates of treatment. If multiple therapists, it is not necessary to provide names of people you have seen for only a very short time. If you need more room, please write on separate 8" x 11" paper.

Thank you for your information.