

# Driskill & Bates Psychology Intake

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Today's Date \_\_\_\_\_

Driskill     Bates

## 1 Patient Information

\*Patient Name \_\_\_\_\_ \*DOB \_\_\_\_\_ \*Age \_\_\_\_\_  Male  Female

Parent/Guardian Name \_\_\_\_\_  Foster Parent?

Other Parents (Father and/or Step Parent) \_\_\_\_\_ Married?  Yes  No

\*Address \_\_\_\_\_

\*Phone \_\_\_\_\_ \*Email (this is for intake paperwork) \_\_\_\_\_

## 2 Evaluation Information

Reason for Evaluation  ADHD  Autism  Foster Care  School  Learning Disability

Describe \_\_\_\_\_  
concerns \_\_\_\_\_

\*Insurance Company or self-pay \_\_\_\_\_ \*Customer service Phone (required if billing ins) \_\_\_\_\_

\*Insured ID# (required if billing insurance) \_\_\_\_\_ \*Group \_\_\_\_\_

## 3 Records Information (is this a school referral or foster care referral?)

\_\_\_\_\_  
Foster Agency or School Name

\_\_\_\_\_  
Contact Person                      Phone                      Email

\_\_\_\_\_  
CPS Caseworker (foster care only)                      Phone                      Email

## 4 Office Follow-up

Intake via Email \_\_\_\_\_  ASEBA (adult) \_\_\_\_\_ Documents Requested from:  
 Qglobal (child) \_\_\_\_\_  Teacher Rating Scales (Qglobal) \_\_\_\_\_  Foster  School Date \_\_\_\_\_

## 5 Appointment

Date/Time \_\_\_\_\_  Added to book & Online Calendar