

Prince William Family Counseling
New Patient Intake Form

Which office would you like to be seen in? _____

Full Name of the Patient: _____

DOB: _____ Age: _____ Gender: _____

Home Address: _____

Contact Number: Home _____ Work _____ Cell _____

Referral Source: _____

Reason For Coming in: _____

Primary Insurance: _____

Insurance ID #: _____ Group #: _____

Insured's Name: _____ DOB: _____ SSN: _____

Insured's Address: _____

Number on the card to call for Benefits: _____

Secondary Insurance: _____

Insurance ID #: _____ Group #: _____

Insured's Name: _____ DOB: _____ SSN: _____

Insured's Address: _____

Number on the card to call for Benefits: _____

Any other health insurance benefit? _____

Are you using an EAP? _____

Please fax this form to the office you would like to be seen in.

Manassas 703-368-8454