

**Request for Intake Appointment at the Cumberland County Guidance Center**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_  
 Age \_\_\_\_\_ Gender: M  F  SS# \_\_\_\_\_ Martial Status: Single  Married  Divorce   
 Separate  Widow

Ethnicity / Race: \_\_\_\_\_ Primary Language \_\_\_\_\_ Religion \_\_\_\_\_

Veteran: Y  N  If Yes, Which branch of Military \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Gross Income \_\_\_\_\_ Total Dependents \_\_\_\_\_ Income Source \_\_\_\_\_  
 Medicaid? \_\_\_\_\_ If Yes, Medicaid Number \_\_\_\_\_  
 Medicare \_\_\_\_\_ If Yes, Medicare Number \_\_\_\_\_  
 Other Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Referral Source: \_\_\_\_\_ Any prior CCGC Service? \_\_\_\_\_

If Yes, Provide date and Program(s) \_\_\_\_\_

Chief Complaint and Service needs: Depression  Anxiety  Psychosis  Make and maintaining relationships  Other \_\_\_\_\_

How long have you been having these symptoms? \_\_\_\_\_

Discharged from a psychiatric hospital within the last 30 days? \_\_\_\_\_ If yes, which Hospital \_\_\_\_\_

Past Psychiatric Treatment: Yes  No

Agency / Hospital	Date of Admission	Date of Discharge	Inpatient Y/N	Response to Treatment

Community Mental Health Services / Treatment Involvement Yes  No

Agency	Date of Admission	Frequency of service	Response to Treatment	Case Manager

Do you have a history of substance use, including alcohol? \_\_\_\_\_

When was the last time you used any type of substance, including alcohol? \_\_\_\_\_ Date and amount: \_\_\_\_\_

Have you missed work, event or appointment on several occasions due to substance abuse?	Yes	No
Have Relatives or friends expressed concern about your substance abuse?		
Have you stopped prescription medications to indulge in substance abuse?		
Have you used substances to relieve shakes, anxiety or to get to sleep?		
Have you ever been told that you did something under the influence of substance that you did not remember?		
Can you accurately predict the amount of drugs or alcohol you are going to use?		

Can you give us days of the week that are better for you to come to an intake appointment?

Days or evenings?

Can we e-mail you an appointment date and time or would you prefer we call you?

Please give us two business days to process your request. If you have any questions please contact the Access Counselor at 856-82-6810 ext. 261.