TriCircle™

We Provide the Tools to Build Strong Futures

New Client Information Form

Last Name: _____ First Name: _____ Middle Initial: ___

Date of Birth: _____ SSN: _____ Gender: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cell Telephone: _____

Email Address: _____

Preferred Communication Method: (please check) ☐ Text ☐ Email ☐ Telephone

Emergency Contact: Name: _____ Telephone: _____

Relationship to Emergency Contact: _____ Marital Status: _____

Insurance Provider Name: _____ Effective Date: _____

Member Id. No. _____ Group No. _____

Policy Holder Name: _____ Relation to sured: _____

Policy Holder DOB: _____ Copay Amount: _____

Reason for Visit: (please check one) ☐ Mental Health ☐ Substance Use Disorder

How Did you Hear of Us/Referred By? _____

For Office Use Only

Intake Appointment: Date: _____ Time: _____ MH/SA (circle one)

Client Reminded To:

1. Meet in Lobby (1st appt-10 minutes prior to appointment to complete/review paperwork)
2. Bring Insurance Card and Driver's License
3. Bring Copay

☐ Client Entered in EHR ☐Insurance Verified ☐ Appt Reminder Sent to Client & Therapist

Initials _____

Rev. 08/23

Send Form