J&T Behavioral Health and
Counseling Services

700 Liberty Place
Sicklerville, NJ 08081
Tel: 856-776-7540
Fax: 856-776-7512

New Patient Intake

Date: _____ Intake taken by: _____

Have you ever been a patient with us before? ☐ Yes ☐ No

Name: _____DOB:_____
Address: _____
Email address: _____ Phone #: _____.
Ok to leave voicemail and/or text? ☐ Yes ☐ No

Reason for Appointment: _____
How did you hear about us? _____

Are you currently out of work for health issues or looking to be out of work? _____
Are you seeking or currently on disability? _____
Former/current smoker: _____Any current legal issues: _____
Marital Status: _____

Emergency Contact Name & Telephone #:
_____
In the event we cannot get a hold of you, is it ok to call/discuss with emergency contact? ☐ Yes ☐ No

Pharmacy Name, Address, & Telephone Number:
_____

Insurance Information

Insurance Co: _____
Phone #: _____

Member ID: _____
Group #: _____

Co-Pay for Specialist: _____

Are you the primary insurance holder? ☐ Yes ☐ No

Primary Insured Information (If different)

Name: _____
DOB: _____
Phone #: _____

Medication Information

Have you ever seen a Medical Health Professional? ☐ Yes ☐ No

Have you ever been prescribed any mental health medication? ☐ Yes ☐ No

Currently taking Mental Health Medication (Anxiety/Depression, ADD, ECT)? ☐ Yes ☐ No

If yes, who is prescribing: _____
Phone #: _____

List of current mental health medications:

Appointment Date & Time: _____
Provider: ☐ Dr. Jacob ☐ Dr. Theodora