

BIO-BEHAVIORAL MEDICAL CLINICS, INC.

1060 W. Sierra Avenue, Suite 104

Fresno, California 93711

(559) 437-1111 / Fax: (559) 437-1118

 Worker's Comp Medical Leave Request Drug/Alcohol Abuse Court Ordered**Intake Form**

Account #	Date	Referral / Authorization/ Kit #	Number of Visits
Name	Age	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Address	City	State CA	Zip Home Phone Number 559-
Social Security Number	Emergency Contact--Nearest Relative	Relationship	Phone Number 559-
Patient's Employer	Work Number 559-	Contact for Appointment	Relationship
Subscriber's Name:	Subscriber's ID#	Subscriber's Date of Birth	
<input type="checkbox"/> Aetna <input type="checkbox"/> PacifiCare <input type="checkbox"/> Secure Horizons	Plan:	Other Insurance (Non-CAP)	
Visits Per Year:	Co-Pay - Therapy \$ _____ Co-Pay - MD \$ _____	Group#:	Effective Date:
		Date Verified:	
Referred By:	Referral Contact	Phone Number 559-	Fax Number 559-
Address	City	State CA	Zip
Previous Mental Health Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No Client on Psychotropic Medication <input type="checkbox"/> Yes <input type="checkbox"/> No	With:	When:	
Request Psychiatrist / Therapist	Appt. Date and Time:		
DX:			
Presenting Problem:			
↓BBMC USE ONLY ↓		DISPOSITION	↓BBMC USE ONLY ↓
Note			
Therapy Referral To:			
Psychiatric MD Referral To:			