

Terrapin Therapeutic Collaborative contact information

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Please fill this out the form below and return to admin@terrapi collaborative.com. If you have any questions please call or email our office at 978-998-5694.

1. Personal information

_____ Name of person completing this form (First)	_____ MI	_____ Last	_____ Today's date (MM/DD/YYYY)
_____ Patient address (Street)			_____ Phone number
_____ City	_____ State		_____ Zip code
_____ Preferred name of patient (First)	_____ MI	_____ Last	_____ Preferred pronoun of patient
Will you be submitting to your insurance for payment? <input type="checkbox"/> Yes <input type="checkbox"/> No Plan co-payment/deductible? \$ _____ (Client's must reach out to their carrier and complete the co-payment/deductible question prior to intake)			
_____ Name of primary insurance holder (First)	_____ MI	_____ Last	_____ Date of birth (MM/DD/YYYY)
_____ Insurance carrier	_____ Group number		_____ Member ID

2. Patient questions

- How did you find me as a therapist?

- What is the reason you are coming in for counseling?

- What are your goals for our work together?

- Have you ever sought counseling or treatment in the past? If so please tell me a bit about that experience.

- Have you ever experienced difficulty with self-harm or thoughts of suicide? If so please tell me a bit about the circumstances of those events.

2. Patient questions (continued)

6. Have you ever been admitted to a psychiatric facility? If so please tell me a bit about that experience.

7. Are you currently taking any medications? Please list below.

8. Do you have any chronic health concerns for which you are seeking treatment or hoping to address?

9. In the last 30 days have you engaged with the legal system (for arrest, domestic violence, child custody, restraining orders etc.)? If so please tell me a bit about that experience.

10. We are now offering client's the opportunity to book office visits or Telehealth based on preference. Do you prefer in person or Telehealth services?

11. Please describe your availability for appointments.

12. Do you require any special accommodations or assistive devices for visits to be successful?

13. Is there anything else you would like me to know before our first meeting?