

Greatland Clinical Associates

1400 W Benson Blvd, Suite 315 Anchorage, AK 99503

Office 907-929-4009 Fax 907-929-4902

Specific provider requested, if any:_____

DATE : INTERVIEWER:	CALLER'S PHONE:	_ H W C		
	OTHER PHONE:	_ H W C		
CLT'S NAME:	_ DOB: MALE	FEMALE		
PHYSICAL HOME ADDRESS:				
REFERRAL:	FAM. MD/PCP			
GUARDIAN 1:	RELATIONSHIP			
PHONE 1: H W C	PHONE 2:	_ H W C		
EMPLOYER:	OCCUPATION:			
OTHER GUARDIAN AND INFO				
PLEASE TELL US WHAT'S HAPPENING & HOW WE CAN BE OF HELP:				
CURRENT RX:				
WHAT TYPE OF SERVICE ARE YOU HOPING WE WILL PROVIDE?				
CURRENT PSYCH PROVIDER:	LAST SEEN:			
WHY:	DIAG:			
PAST_TALK THERAPIST:	LAST SEEN:			
WHY DID YOU STOP:				

HAVE YOU BEEN HOSPITALIZED FOR ANY PSYCH REASONS?	Υ	N	
HOW MANY TIMES?	WHERE?		
WHEN?	DIAGNOSIS?		
WHY WERE YOU HOSPITALIZED?			
CURRENTLY, ARE YOU EXPERIENCING ANY THOUGHTS OF HARM	ING YOURSELF OR OTHERS?	Y N	
IF YES, DO YOU HAVE A PLAN			
IF VEC. ADVICE CUBICAL CTAFF, IF THEY ADE NOT AVAIL	ADLE DESERVATION TO DROV	"DENCE E D	
IF YES, ADVISE CLINICAL STAFF. IF THEY ARE NOT AVAILABLE, REFER CALLER TO PROVIDENCE E.R.			
CURRENT OR HISTORY OF CUTTING/SELF HARM? Y N			
DETAILS:			
CURRENT OR HISTORY OF HAVING AUDITORY OR VISUAL HALLUCINATIONS? Y N			
DETAILS:			
ABUSE OF ALCOHOL OR DRUGS, PAST OR PRESENT? Y N			
DETAILS:			
LEGAL OR COURT ISSUES, PAST OR PRESENT? Y N			
DETAILS:			
HOW IS YOUR CHILD DOING ACADEMICALLY?			
ANY DETENTIONS OR SUSPENSIONS? (WHEN, WHAT FOR)			
IS CHILD HARMING ANIMALS OR SETTING FIRES? Y			
DETAILS:			
INFORM CLIENT THAT GCA DOES NOT PERFORM ANY CUSTODY, ONE-TIME, OR COURT ORDERED EVALUATIONS.			
PAYMENT FOR SERVICES			
INSURANCE COMPANY:			
POLICY HOLDER'S NAME:			
GROUP #:	D.O.B		