New Therapeutic Health Environment LLC
4301 NW 63rd St. Ste 307 OKC, OK 73116
Phone :(405) 242-3791 | Fax (405) 433-7265
Office Hours: 8am-5pm M-F, 9am-12pm SAT

Download Intake Form

Date:_____ Full Name:_____

Home Address:_____

Contact Phone:_____ Messages Okay? ☐ Yes ☐ No

Email (send confirmation):_____

Personal Information

Date of Birth ____/____/_____ Current Age:_____ SSN (for ins ver.)____-___-_____

☐Male ☐ Female ☐Transgender I Identify As :_____

Race: ☐Asian ☐Black ☐Hawaiian ☐ Hispanic ☐Native American
☐White ☐Other_____

Marital Status: ☐Single ☐Married ☐Divorced ☐Cohabitating
☐Seperated ☐Widowed

If Client is a Minor (Responsible party please fill out following 2 sections):

Name:_____ Relationship to Client: _____

Contact Phone:_____ Email:_____

Financial Information

How do you intend to pay for treatment? (cash, check, insurance):_____

Insurance Company:_____ Phone Number:_____

Insurance ID#:_____ Group #:_____

Counselor Preferences

Do you have any counselor preference? ☐Male ☐ Female ☐Either

Reason for scheduling: _____

Type of Therapy interested in:_____

Last Name _____