



Elliot Behavioral Health Services Prospective Patient Questionnaire

Referral Information

Today's Date: _____
Best Time to Reach You: Mornings Days Early Evenings
Referred by: Self Other: _____

May We Leave a Message? Yes No

Current PCP: _____

Demographics

Name: _____
Address: _____
City: _____
State: _____
Zip: _____
Home Phone: _____

Work Phone: _____
Cell Phone: _____
DOB: _____
Gender: _____
Have you ever served in the military? Yes No

Treatment History

Reason for Seeking Services (Check all that apply):

Counseling Medication Assessment for Spinal Cord Stimulator implant Assessment for bariatric surgery*

** Please note candidates must attend the introductory meeting and two informational meetings at Dartmouth-Hitchcock Medical Center to be eligible for a bariatric surgery assessment.*

Have you ever been treated for a behavioral health issue? Yes No

If yes, who is your current or previous behavioral health provider? _____

If yes, at what agency did you receive behavioral health services? _____

If yes, when was the last time you were seen? _____

Have you received case management or in-home services? Yes No

If yes, when: _____

Have you ever been hospitalized for a psychiatric reason? Yes No

If yes, where, when, and why?

Current medications:

Do you have other current medical conditions? Yes (Please describe below) No



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Any current or past drug or alcohol abuse? Yes (Please describe below) No

Have you completed any programs for drug or alcohol abuse? Yes (Please describe below) No

Is there anything else you would like us to know?

Insurance

Primary Insurance

Name of Insurance: _____

Name of Plan: _____

Member ID: _____

Group Number: _____

Effective Date: _____

Subscriber's Name: _____

Subscriber's Relationship to Prospective Patient: _____

Secondary Insurance

Name of Insurance: _____

Name of Plan: _____

Member ID: _____

Group Number: _____

Effective Date: _____

Subscriber's Name: _____

Subscriber's Relationship to Prospective Patient: _____

Please mail or fax this form to:

Elliot Behavioral Health Services, Attn: Intake Coordinator
445 Cypress Street, Suite 8
Manchester, NH 03103
Fax: (603) 663-8605