



Compass Behavioral Health Clinic

1820 Center Ave Ste. 170 · Janesville, Wisconsin 53546
Phone: (608) 755-1475 · Fax: (608) 755-1733

COMPASS INTAKE QUESTIONNAIRE

LAST NAME: FIRST NAME:

PREFERRED NAME: GENDER: D.O.B: AGE:

SSN: HOME/CELL: EMAIL:

ADDRESS:

CITY: STATE: ZIP CODE:

IF PERSON UNDER AGE 18 CONTACT PERSON:

ARE YOU CURRENTLY RECEIVING SERVICES THROUGH ANY OTHER CLINIC OR FACILITY:

IF YES WHERE: ARE YOU RECEIVING ANY MEDICATIONS:

IF YES WHAT MEDICATIONS:

*****REASON FOR SERVICES*****

DRUG/ALCOHOL ABUSE (DRUG OF CHOICE):

MENTAL HEALTH (DEPRESSION, ANXIETY, ECT)

PREFERENCE OF GENDER/AGE/ OR SPECIALITY OF THERAPIST:

ANY HEALTH CONCERNS OR ACCOMMODATIONS SUCH AS PREGNANCY OR LIMITED MOBILITY:

EMERGENCY CONTACT:

INSURANCE: PHONE:

SUBSCRIBER NAME: SUBSCRIBER DOB:

SUBSCRIBER SSN: EMPLOYER:

DEPENDENT: RELATIONSHIP TO SUBSCRIBER:

MEMBER ID: GROUP NUMBER: