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**Initial Intake Form**

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Best Way to Be Reached \_\_\_\_\_

Permission To Leave a Message? \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Employed By \_\_\_\_\_

Insured's Name \_\_\_\_\_ Insured's D.O.B. \_\_\_\_\_

Insurance Company \_\_\_\_\_ Insured's SS # \_\_\_\_\_

Identification # \_\_\_\_\_ Group # \_\_\_\_\_

Referred By \_\_\_\_\_

Permission To Contact Referral Source? \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone # \_\_\_\_\_