

NEW PATIENT INQUIRY

Interested in working together? Please fill out this form and we will be in touch shortly to schedule an intake with you and establish care. Intakes are 1.5 hours each and may take 2 sessions to complete based on complexity. We accept most insurances.

Full Legal Name *

Preferred Name (if applicable)

Birthday *

Insurance Subscribers Name and Date of Birth *

Email *

Phone *

Address *

Insurance Company *

Insurance Policy #

Secondary Insurance (include name and policy #)

Primary Concerns you are seeking care for *

Involved in Substance Use Treatment *(select one)*

- yes
- no

DCF involvement *(select one)*

- yes
- no

April 3, 2026