



Belizaire Psychological Services & Consulting  
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### Intake Form

Name (First, M. Last) \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_  
(Cell) \_\_\_\_\_

May we leave a message on this phone?  Yes  No Which Phone?  Home  Cell

Email: \_\_\_\_\_ May we email you?  Yes  No

If yes, Please note that email correspondence is not considered to be a confidential mode of communication.

If under 18 please provide name of Parent or Guardian \_\_\_\_\_

Person completing forms \_\_\_\_\_ Relationship \_\_\_\_\_

Insurance Company \_\_\_\_\_ Insurance ID Number \_\_\_\_\_

Group Number \_\_\_\_\_ Is insurance in your name \_\_\_\_\_

Please initial the service you are currently interested in receiving;

\_\_\_\_\_ Individual Psychotherapy      \_\_\_\_\_ Group Services      \_\_\_\_\_ Certified Peer  
Services

\_\_\_\_\_ Sex Therapy