



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