

Initial Intake Form
Pierce Mental Health Advocacy, LLC
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Name of Client:

Name of Gurdian (if applicable) :

Client current status: (ie hospital, what hospital)

Home Address:

Phone number :

Number of Hospital Admissions:

Criminal History:

Diagnosis:

Insurance:

Email Address:

Referred by:

What assistance are you looking for today?

Disclaimer

We are not mental health professionals, lawyers or doctors. The advice and advocacy given is based solely on the education we have, lived experience and knowledge of the mental health system. We are Mental Health Advocates.

