La Amistad
Behavioral Health Services

Return Completed Form to:
Attn: Admissions / Intake Team
Fax: 407-637-3069
Email: laamistadintake@uhsinc.com

ONLINE INQUIRY / INTAKE FORM

Referent Information

Person Completing this Form: _____	Relationship to Patient: _____
Email Address: _____	Phone:_____
Organization/Practice: _____	Fax: _____

Patient Information

Patient Name (First, Middle, Last): _____	
DOB: _____ Age: _____ Gender: _____	SSN: _____
Address: _____	
City: _____ State: _____ Zip: _____	County: _____
Legal Guardian: _____Relationship: _____	Phone: _____
Legal Guardian: _____ Relationship: _____	Phone: _____

Presenting Issues / Primary Diagnosis / Need for Treatment (include Medications and Medical Issues)

_____

_____

_____

_____-

_____

_____

_____

_____

Primary Insurance Information

Policy Name: _____	Phone: _____
Subscriber Name: _____	DOB: _____
Employer: _____	SSN: _____
Subscriber Member/Policy ID #: _____	Group #: _____

Legal Guardian: _____ Relationship: _____	Phone: _____