



Children's Integrated Center for Success Every Child, Every Time

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New Patient Registration (NPR)		
First Name:	Middle Name :	Last Name :
Date of Birth:		Gender:
Address:		
City:	State: PA	Zip Code:
Phone Number:		Email:
Primary Concerns :		
Referred By:		
Primary Insurance Details		
Primary Insurance Name:		
Policy Number:	Group Number:	
Policy Holder Name:	Relationship with Patient:	
City:	State:	Zip Code:
Parent 1 Name :	Date of Birth:	
Parent 2 Name :	Date of Birth:	
Secondary Insurance Details		
Secondary Insurance Name:		
Policy Number :	Group Number	
Policy Holder Name :	Relationship with Patient:	
** OFFICE USE ONLY ** Verification Of Benefits		
Effective Date:	In or Out of Network:	
Co-Pay:	Co-Insurance:	
No. of Visits Allowed :	Authorization Number :	
Notes: _____		
Appointment Details		
Provider Name : CICS Group		
Appointment Date :		
Appointment Time:		
Initial Call Date :	2019	



CICS Children's Integrated Center for Success Every Child, Every Time

CLINICAL SCREENING GUIDELINES FOR ADMISSION OF CLIENTS 12 YEARS AND YOUNGER

Name: _____ Age: _____

Any history of inpatient psychiatric hospitalizations?

- No
- Yes

Any history of suicidal thoughts, attempts or self-injurious behavior?

- No
- Yes

Any history of county involvement (i.e. Children and Youth Services)?

- No
- Yes

Is this appointment court mandated?

- No
- Yes

Any history of being on 3 or more psychotropic medications?

- No
- Yes

Notes: