



Caroline Kobin, LCSW  
INTAKE FORM

Hello and welcome to Caroline Kobin, LCSW. Thanks so much for seeking me out – I’m excited to work together.

I check insurance prior to scheduling appointments. In order to get in for a first visit and see if we are a good fit, please fill out this form with some important information (ask a provider or family member if you need help) and brief answers to the questions. This information is kept confidential and only used to verify insurance and understand your current needs.

After you fill out this information, please send the form to me by email at [caroline@bishna.com](mailto:caroline@bishna.com) or by fax at (971) 407-3196.

I will contact you by email or text with appointment times or a spot on the waitlist (if there is one at the time).

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

County of Residence \_\_\_\_\_

Email Address \_\_\_\_\_

Primary Insurance \_\_\_\_\_

Secondary Insurance \_\_\_\_\_

How did you find me? \_\_\_\_\_

Is this a crisis? \_\_\_\_\_

Briefly state why you would like to work with me \_\_\_\_\_

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