Thrive Behavioral Health Services, LLC (TBHS)
Address: 1401 Malvern Ave. #155 Hot Springs, Arkansas 71901
Phone: 501-304-4352 Fax: 401-701-4770
Email: dcrosby@thrivebhs.org Website: thrivebhs.org

Admission/Demographic Form

Clients Information

Client's Name: _____ DOB: _____ Age: _____

SS#: _____ Gender: _____ Marital Status: _____

Residing Address: _____

Mailing Address: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

If Minor

Parent/Guardian Name: _____ Phone: _____

If Guardian, Date of Guardianship: _____ (*Guardianship papers must be presented before intake).*

Insurance Information

(If different from above) **Name: _____ DOB: _____**

Insurance Company: _____ Phone #: _____

Member Id: _____ Group ID: _____

Address for claims submission: _____

2nd Insurance: _____ Yes ____ No

Ins. Company: _____ Ins. Phone #: _____

Address: _____

Member Id: _____ Group #: _____

Physician's Information

Clinic Name: _____

Doctor's Name: _____ NPI: _____

Address: _____

Phone: _____ Fax: _____

Referral Needed: _____Yes _____ No

Reason for Counseling: _____