



21 Waterville Rd
Avon, CT 06001

Harvest Healthcare, LLC
Outpatient

Ph#860-284-0182
Fax#860-325-3363

INTAKE FORM

First Name: _____ Last Name: _____
Birth Sex: _____ Birthdate: _____
PCP: _____ Contact Info: _____
Pharmacy: _____ Phone: _____ Fax: _____

Reason for Seeking Services:

Medical History:

Allergies:

Current Psych Meds:

Appointment Availability:

Other Info:
