TheraCRM.pro



A SOUTH FLORIDA INTAKE PLAYBOOK

# The Therapy Intake Playbook

Fifteen plays for answering the person who finally reached out, in English or Spanish, before they close the tab. Written for therapy and psychiatry practices in South Florida, with the rules each play touches.

| 15 | 3 | 12 | 1 |
|---|---|---|---|
| PLAYS | NUMBERS | MONTHS | PAGE OF RULES |

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ADAY INTERACTIVE, INC. · CORAL GABLES, FL

START HERE

# The hardest part was reaching out.

> Someone spent weeks deciding to look for help. Then they filled out three forms on a Tuesday night and waited.
>
> **The practice that answers first, kindly and in their language, usually gets the first session.**

Most therapy practices do not lose new clients to a better clinician. They lose them to a slow reply, a voicemail greeting in the wrong language, a form that asks too much, or a follow-up that never came.

This playbook turns that into fifteen plays. Each fits on one page: why it works, what to say or set up, the rule that applies, three things to do on Monday, and the number that tells you it is working.

TheraCRM.pro is the intake system we build for practices like yours. You do not need it to run these plays. Everything here works with the team and tools you already have.

Therapy intake carries more weight than most. A presenting concern can be protected health information, a message can reach someone in crisis, and an intern's access has limits. Where a play touches a rule, the page says so in plain words.

The TheraCRM.pro team at Aday Interactive, Inc., Coral Gables

## WHO THIS IS FOR

### Owners and clinical directors

Solo or group, deciding who answers new inquiries and how fast.

### Practice managers

Responsible for the calendar, the waitlist, and the numbers.

### Intake coordinators

Where these plays happen, one inquiry at a time.

What this is not: clinical guidance, a marketing plan, or legal advice. Clinical decisions stay with your clinicians. Every play here is about the minutes and days between first contact and the first session.

**Not legal or medical advice.** TheraCRM.pro is an intake and follow-up system operated by Aday Interactive, Inc. It is not a healthcare provider or a law firm, and nothing in this playbook is medical, clinical, or legal advice. Whether your practice is a covered entity, and how a rule applies to you, is a question for your counsel and your compliance lead. Check every rule before you act on it.

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YOUR INTAKE MAP

# Know where the first message comes from.

We will not hand you someone else's numbers. Your map is built from your own inquiries, and every other play points back to it.

When new clients drop, it rarely drops everywhere. One source goes quiet, often the one nobody is watching. Count last month's inquiries by source next to the three-month average.

Circle the two that moved. That is where this month's work goes.

| INQUIRY SOURCE | WHAT USUALLY MOVES IT | LAST MONTH |
|---|---|---|
| **Website form** | How long the form is, and how fast the reply comes | |
| **Phone and voicemail** | Who picks up, and whether missed calls get a text back | |
| **Directory inquiries** | Profiles that send email you must answer by hand | |
| **Physician and school referrals** | A thank-you loop to the person who sent them | |
| **Website chat** | Whether chat hands off to a person or a booking link | |
| **Spanish-language inquiries** | Spanish replies, Spanish voicemail, a Spanish-speaking clinician | |

*If your system cannot tell you where an inquiry came from, fix that before anything else in this playbook.*

01 · KNOW YOUR NUMBERS

# 01 Count inquiries, not just clients

Your caseload tells you who stayed. Your inquiry log tells you who you lost.

### WHY IT WORKS

Most practices know how many active clients they have and have no idea how many people asked and never booked. That gap is where intake work pays off.

Start a simple log: date, source, language, booked or not. A month of it shows you more than a year of caseload reports.

| COLUMN | WHY IT MATTERS |
|---|---|
| **Date and time** | Shows how many arrive after hours |
| **Source** | Tells you which door is busy |
| **Language** | Shows whether Spanish inquiries book at the same rate |
| **Booked a consult** | The number every play is trying to move |

### STAY INSIDE THE RULES

The log holds logistics only. **No presenting concern, diagnosis, or medication** goes in a spreadsheet. If it identifies a person and describes their care, treat it as protected health information.

### DO THIS MONDAY

1. Start the log today, even on paper.
2. Add every inquiry from the last two weeks you can find.
3. Count how many never booked.

> **Watch:** inquiries per week, and the share that book a consult.

01 · KNOW YOUR NUMBERS

# 02 Track the three numbers

Three numbers predict next month's caseload. Watch them weekly.

### WHY IT WORKS

Speed, booking, and show rate are the chain from first message to first session. A break in any one link loses the client.

Pick one to move this quarter. Only one.

## Speed

**TIME TO FIRST REPLY**

Minutes from the inquiry to a real reply, not an autoresponder.

## Booking

**INQUIRIES THAT BOOK**

The share of inquiries that schedule a consult or first session.

## Show

**FIRST SESSIONS KEPT**

The share of booked first sessions that actually happen.

### DO THIS MONDAY

**1**
Work out all three for last month. It is a baseline, not a grade.

**2**
Split each one by English and Spanish.

**3**
Pick the weakest and name who owns it.

> **Watch:** all three, weekly, split by language.

02 · THE FIRST REPLY

# 03 Answer within the hour, set up for a minute

The window where someone follows through is measured in hours, not days.

### WHY IT WORKS

A person who reached out on a hard night often messages several practices. The one that answers first, warmly, usually gets the consult.

Set the first reply to go out on its own, written by your practice, and have a person follow up the same day.

COLD

Your request has been received. A team member will contact you within 3 to 5 business days.

Reads like a ticket number.

WARM

Thank you for reaching out to [Practice]. You can pick a first-session time here, or reply and we will call you tomorrow.

A next step, no questions asked.

*Illustrative examples. Bracketed names are placeholders, not real people.*

STAY INSIDE THE RULES

Every automated reply carries **988 and 911** for anyone in crisis. The reply never asks what is wrong. That conversation belongs with a clinician.

### DO THIS MONDAY

1. Rewrite your first reply in plain, warm words.
2. Add a booking link and the crisis line.
3. Name who follows up the same day, every day.

> **Watch:** time to first reply, and time to first human reply.

02 · THE FIRST REPLY

# 04 Crisis language stops the automation

Some messages are not inquiries. The system has to know the difference.

### WHY IT WORKS

If a message mentions self-harm, danger at home, or someone being hurt, no sequence should keep sending reminders. A person takes over.

Write the list of words that stop automation, in English and Spanish, and test it before any voice agent takes a live call.

| STEP | WHAT HAPPENS |
|---|---|
| **Message mentions crisis** | Automation stops for that contact |
| **Immediate reply** | 988 and 911, in the person's language |
| **Alert** | The person your practice names gets a callback number, no detail |
| **Voice agent** | Same rule, built and tested by phone before go-live |

### STAY INSIDE THE RULES

This is a **hard gate**. A voice agent at a therapy practice does not go live until the crisis path is built and tested. No exceptions.

### DO THIS MONDAY

**1**
Write the stop words in English and Spanish.

**2**
Name the on-call person for each shift.

**3**
Test it with a staff phone and record the result.

> **Watch:** test passed and dated, every quarter.

02 · THE FIRST REPLY

# 05 Spanish all the way through

A Spanish form with an English reply tells the person this practice is not for them.

### WHY IT WORKS

75.3% of Miami-Dade County residents age 5 and older speak a language other than English at home. Talking about why you need help is hard in your first language and harder in your second.

Every touch after the form has to stay in the language the person chose: the reply, the reminder, the voicemail, the intake packet.

| TOUCHPOINT | CHECK |
|---|---|
| **Auto-reply** | Sent in the language of the form |
| **Voicemail greeting** | Recorded in both languages |
| **Reminders** | Spanish template for every English one |
| **Clinician match** | Spanish inquiries go to clinicians who hold sessions in Spanish |

### STAY INSIDE THE RULES

Consent to text is collected **in the language of the form**, unchecked by default, and stored with the date and the wording shown.

### DO THIS MONDAY

**1**
Send yourself a test inquiry in Spanish.

**2**
Note every point where it switched to English.

**3**
Fix the first one this week.

> **Watch:** booking rate for Spanish inquiries next to English ones.

02 · THE FIRST REPLY

# 06 Ask less on the first form

The first form books a conversation. The clinical questions come later.

### WHY IT WORKS

Long forms lose people who are already unsure. Name, contact, who it is for, language, and when they can meet is enough to book.

A short line like "a sentence is enough" tells the person they do not have to explain everything now.

| ASK NOW | ASK LATER, IN THE INTAKE PACKET |
|---|---|
| **Who is this for** | Presenting concern |
| **Language** | History and medications |
| **Insurance or self-pay** | Insurance member details |
| **Times that work** | Consent and policy forms |

### STAY INSIDE THE RULES

Ask for the **minimum necessary**. A presenting concern alone can be protected health information, so it does not belong in a website form or a text thread.

### DO THIS MONDAY

1. Count the fields on your form.
2. Move every clinical question to the intake packet.
3. Add "a sentence is enough".

> **Watch:** form completion rate before and after.

03 · BY SPECIALTY

# 07 Individual therapy: match before you book

People ask for a kind of help or a kind of clinician. Route the inquiry before the first call.

### WHY IT WORKS

"I would feel better with a woman" or "do you do EMDR" is a routing question, not a clinical one. Answering it fast saves a mismatched first session.

Record the preference and offer times only with clinicians who fit. See theracrm.pro/industries/therapy-practices/individual-therapy/.

| THEY ASK | INTAKE RECORDS |
|---|---|
| **Clinician gender preference** | Preference, then times with clinicians who fit |
| **A specific approach** | The modality named, routed to who offers it |
| **Telehealth only** | Format, and the state they will be in |
| **Evenings only** | Availability, matched to open evening slots |

### STAY INSIDE THE RULES

Telehealth sessions depend on **where the client is during the session**. Record the location; licensure questions go to your counsel.

### DO THIS MONDAY

**1**
List each clinician's specialties and languages in one place.

**2**
Add a preference field to the form.

**3**
Route the next five inquiries by it.

> **Watch:** first sessions that lead to a second.

03 · BY SPECIALTY

# 08 Couples and family: two calendars

One person writes. Two or more people have to show up.

### WHY IT WORKS

Couples inquiries usually come from one partner, late, after a hard night. Offer times both can make, and never contact the other partner on your own.

Family therapy adds a teen or a grandparent who may speak only Spanish. See theracrm.pro/industries/therapy-practices/couples-family-therapy/.

| SITUATION | WHAT INTAKE DOES |
|---|---|
| **One partner unsure** | Notes it; the clinician decides how to start |
| **Conflict at home mentioned** | Asks if it is safe to text before sending more |
| **Divorced co-parents** | Each parent books separately; nothing shared between them |
| **Grandparent speaks Spanish** | Spanish set as the session language |

### STAY INSIDE THE RULES

Texts and email subject lines say the practice name and a time, **never the word therapy or couples**. A partner or a teen may see the phone.

### DO THIS MONDAY

**1**
Add a "who will attend" question.

**2**
Add a safe-to-text question.

**3**
Strip the service name from reminder previews.

> **Watch:** couples consults booked within 48 hours.

03 · BY SPECIALTY

# 09 Child and teen: the parent is the contact

The parent decides, the school often refers, and the child's phone stays out of it.

## WHY IT WORKS

Parents compare several practices, often on a phone in a pickup line. A fast reply with after-school times wins the first session.

Every message goes to the guardian. See theracrm.pro/industries/therapy-practices/child-teen-therapy/.

| THEY ASK | INTAKE RECORDS |
|---|---|
| **School suggested therapy** | Referral source; no school records by text |
| **Both parents involved** | Each guardian as a contact, with consent noted |
| **After-school only** | Times after 3 PM offered first |
| **Teen wants their own texts** | Only if the guardian adds the number and agrees |

### STAY INSIDE THE RULES

Consent for a minor travels with the **intake packet in your portal**, not by text. Custody questions are for your clinician and counsel.

## DO THIS MONDAY

1. Make guardian name and relationship required fields.
2. Offer after-school times first in the reply.
3. Send a thank-you to the school or pediatrician who referred.

> **Watch:** parent inquiries booked within 48 hours.

03 · BY SPECIALTY

# 10 Psychiatry: route the medication questions

Callers ask about medications. Intake routes those questions; it never answers them.

## WHY IT WORKS

Psychiatry inquiries come with referrals, insurance questions, and medication worries. Intake books the evaluation and sends every medication question to your clinical team.

See theracrm.pro/industries/therapy-practices/psychiatry/.

| THEY ASK | WHAT INTAKE DOES |
|---|---|
| **Can I get a refill?** | Routes to the clinical team; says nothing about the medication |
| **My doctor referred me** | Records the referral source and books the evaluation |
| **Calling for my brother** | Takes the request; books only after the patient confirms |
| **Do you take my insurance?** | Records the carrier; the office verifies |

## STAY INSIDE THE RULES

If your practice provides substance use disorder treatment, **42 CFR Part 2** can apply, and it is stricter than HIPAA. Ask before you configure anything.

## DO THIS MONDAY

1. Write the reply for medication questions.
2. Add a referral-source field.
3. Confirm who calls back on clinical questions.

> **Watch:** evaluations booked from referrals.

04 · FOLLOW-UP THAT STOPS

# 11 Three touches, then rest

Follow-up that keeps going after someone books, replies, or asks to stop reads as pressure.

### WHY IT WORKS

A short sequence catches the person who meant to book and got busy. It must stop the moment they book, reply, or say no.

Three touches over a week is plenty for most inquiries.

| WHEN | MESSAGE |
|---|---|
| **Day 0** | The first reply, with a booking link |
| **Day 1** | A short check-in from a named person |
| **Day 4** | One last note, and the door left open |
| **Any reply** | Sequence stops; a person takes it |

### STAY INSIDE THE RULES

Scheduled sends hold **8 PM to 8 AM**. No more than three messages on the same subject in 24 hours (Fla. Stat. 501.616(6)). STOP, ALTO, and PARE end everything.

### DO THIS MONDAY

1. Write the three messages in both languages.
2. Set the stop rules: booked, replied, STOP.
3. Check that nothing sends after 8 PM.

> **Watch:** bookings that came from touch two or three.

04 · FOLLOW-UP THAT STOPS

# 12 A waitlist that moves

A waitlist nobody contacts is just a list of people who found someone else.

## WHY IT WORKS

When a slot opens, the right people should hear about it, in order, the same day. A monthly check-in keeps the list honest.

Ask people on the list if they still want a spot. Many will say no, and that is useful too.

| EVENT | WHAT HAPPENS |
|---|---|
| **Added to waitlist** | Confirmation with how it works |
| **Monthly** | One check-in: still interested? |
| **Slot opens** | The next match hears first, by text and email |
| **No reply in 48 hours** | The next person on the list |

**STAY INSIDE THE RULES**

Waitlist messages carry **no clinical detail**, and consent to text covers them only if the person agreed to texts.

## DO THIS MONDAY

1. Count who is on the waitlist and when each joined.
2. Send one check-in to the whole list.
3. Remove anyone who says no.

> **Watch:** days from slot opening to slot filled.

04 · FOLLOW-UP THAT STOPS

# 13 Save the first-session no-show

The first session is the one most likely to be missed.

## WHY IT WORKS

Reminders at 24 hours and 1 hour, with a reschedule link, catch most of it. A kind note after a no-show brings some people back.

Never shame. A missed first session is often the hardest step, not a lack of interest.

PRESSURE

You missed your appointment. A no-show fee may apply.

Ends the relationship before it starts.

OPEN DOOR

We missed you today. Here is a link to pick another time whenever you are ready.

Keeps the door open.

*Illustrative examples. Bracketed names are placeholders, not real people.*

STAY INSIDE THE RULES

Reminder previews say the practice and the time only. **No service name** in a text preview.

## DO THIS MONDAY

1. Add a 1-hour reminder if you only send one.
2. Write the after-no-show note.
3. Track who rebooks.

> **Watch:** first-session show rate.

05 · RULES AND TRUST

# 14 Scope access for interns

Front desk, clinicians, and registered interns need different views.

## WHY IT WORKS

The front desk needs times and contact details. Clinicians need clinical detail. Registered interns need access that matches their supervision.

Set roles once, and review them every time someone joins or leaves.

| ROLE | SEES |
|---|---|
| **Front desk** | Contact, language, times, booking |
| **Licensed clinician** | Their own clients' records |
| **Registered intern** | Scoped to their supervision |
| **Owner** | Everything, with an audit log |

### STAY INSIDE THE RULES

Florida Chapter 491 supervision rules shape what an intern may access. **Your supervision agreements govern**; configure to them.

## DO THIS MONDAY

1. List every user and their role.
2. Remove anyone who left.
3. Write down who reviews access each quarter.

> **Watch:** users with more access than their role needs: zero.

05 · RULES AND TRUST

# 15 The BAA chain, plainly

Every vendor that touches client data needs a business associate agreement.

## WHY IT WORKS

Your intake system, texting, voice, and chat all see client data. Where your practice is a covered entity, each one needs a BAA before it is used with real clients.

With TheraCRM.pro, the HIPAA-enabled configuration and BAA is a $100 a month add-on on Practice and Group, signed before first login.

| TOOL | ASK |
|---|---|
| **Intake and CRM** | Is a BAA signed? |
| **Texting** | Covered by that BAA? |
| **Voice agent** | Scoped to scheduling, no health details? |
| **Website chat** | What does it store, and where? |

### STAY INSIDE THE RULES

Whether your practice is a covered entity is **a question for your counsel**. Compliance is shared: the platform, the configurator, and the practice each carry part, and the practice carries the most.

## DO THIS MONDAY

1. List every tool that sees client data.
2. Find the BAA for each one.
3. Stop using any that cannot sign one.

> **Watch:** tools touching client data without a BAA: zero.

TWELVE MONTHS OF INTAKE

# Demand moves with the calendar.

Inquiries rise and fall with school, holidays, and the season. Plan staffing and messages a month ahead.

JANUARY

## New year, first step

Often the busiest inquiry month. Staff intake and clear the waitlist first.

FEBRUARY

## Relationships

Couples inquiries around Valentine's. Have evening times ready.

MARCH

## Spring break

School pauses. Good time for family sessions and a waitlist check-in.

APRIL

## Testing season

Teen stress rises. After-school slots go fast.

MAY

## End of school year

Parents plan for summer. Offer summer schedules early.

JUNE

## Hurricane season starts

Send your telehealth and reschedule policy in both languages.

THE RULE THAT MAKES THE CALENDAR WORK

Messages follow the season, never a sale. Therapy is not marketed with discounts or urgency. Keep 988 and 911 on every automated message all year.

TWELVE MONTHS OF INTAKE

# The back half fills the waitlist.

JULY

## Summer schedules

Clinician vacations. Make sure someone owns new inquiries.

AUGUST

## Back to school

Child and teen inquiries climb. Confirm guardian forms are ready.

SEPTEMBER

## Routine returns

Adults restart care. Hispanic Heritage Month starts the 15th: lead in Spanish.

OCTOBER

## Seasonal residents return

Part-year residents look for care again. Telehealth questions rise.

NOVEMBER

## Holidays approach

Family stress inquiries. Keep crisis lines visible.

DECEMBER

## Year end

Short weeks and benefit deadlines. Tell people your holiday hours.

HOLIDAY HOURS

When the office closes, say so in the auto-reply, the voicemail, and the website, in both languages, with the crisis lines and the date you reopen.

TAPE THIS TO THE FRONT DESK

# Fifteen plays, eight habits.

If your team does these every day, most of this playbook is already running.

### Reply the same day

A real person, every inquiry, before the end of the day.

### Crisis lines on everything

988 and 911 on every automated message.

### Ask less up front

Book the conversation. Clinical questions wait for the packet.

### Stay in their language

Spanish in, Spanish out, every touch.

### Plain previews

Practice name and a time. Never the service.

### Stop when they say stop

STOP, ALTO, PARE, or a reply ends the sequence.

### Nothing after 8 PM

Scheduled sends wait until 8 AM.

### Check the waitlist

Once a month, everyone on it.

IMPLEMENTATION

# Your first thirty days.

One week at a time, in this order.

| | | |
|---|---|---|
| WEEK 1 | Get your baseline | Start the inquiry log. Work out the three numbers, split by language. Change nothing yet. |
| WEEK 2 | The first reply | Rewrite the first reply, add the crisis lines, name the same-day owner, and shorten the form. |
| WEEK 3 | Spanish and safety | Test a Spanish inquiry end to end. Write the crisis stop words and test them. |
| WEEK 4 | Follow-up and the waitlist | Set the three-touch sequence with stop rules, check quiet hours, and contact the waitlist. |

THE RULES ON ONE PAGE

# The rules, in one place.

Every play that touches a rule says so. Here they are together for your manager, your clinical director, and your counsel.

| | |
|---|---|
| HIPAA | Where your practice is a covered entity, client contact details tied to care, and any presenting concern, are protected health information. Ask for the minimum necessary. Every vendor that handles it needs a BAA. |
| 42 CFR PART 2 | Substance use disorder treatment records carry rules stricter than HIPAA. If any client falls under it, the configuration changes. |
| CHAPTER 491 | Florida supervision rules shape what registered interns may access. Configure access to your supervision agreements. |
| CRISIS | Automated messages carry 988 and 911. Crisis language stops automation. A voice agent goes live only after its crisis path is tested. |
| FLORIDA TEXTING | Consent on file for automated texts, scheduled sends 8 AM to 8 PM, no more than three on one subject in 24 hours (Fla. Stat. 501.616(6)), and STOP honored at once. |
| CONSENT | Consent to text is its own checkbox, unchecked, in the form's language, stored with the date and wording. It is not the notice of privacy practices. |
| TELEHEALTH | Record where the client is during each session. Licensure across state lines is a question for counsel. |

*Names, quotes, and scripts in this playbook are illustrative examples written for teaching, not real clients, clinicians, or practices. Rules change. Check each one against the current rules with your counsel before you rely on it.*

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HOW THERACRM.PRO HELPS

# TheraCRM.pro runs the intake behind these plays.

Every play works with the team you have. TheraCRM.pro is the bilingual intake system that runs most of them for you, configured in Coral Gables.

| | |
|---|---|
| **Answer fast** | A first reply set up to go out within a minute, in the language the person used. |
| **Crisis path** | Stop words in English and Spanish, 988 and 911, and a tested human path. |
| **Follow-up that stops** | Three touches that end when someone books, replies, or says stop. |
| **Waitlist** | Ordered, with a monthly check-in and same-day notice when a slot opens. |
| **Know your numbers** | Speed, booking, and show rate, split by English and Spanish. |

NEXT STEP

## See your intake run on a practice like yours.

Book a 30-minute demo. We look at how your intake works today and tell you what would change, including when the answer is not much.

BOOK A DEMO

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