



CLIENT INTAKE DATA

Client information

Date _____

First Name: _____ MI _____ Last Name: _____ Sex: M F

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ Marital Status: _____ Ethnicity: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Referred By: _____

Communication Preference

I wish to be contacted in the following manner:

Home Telephone:

- Ok to leave detailed information
- Leave message with a call back number only

Work Telephone:

- Ok to leave detailed information
- Leave message with a call back number only

Written Communication:

- Ok to mail to my home address
- Ok to send email to: _____

Mobile Phone:

- Ok to leave detailed information
- Leave message with a call back number only

Appointment Reminders:

- Ok to send a text message to: _____
- Ok to leave a voicemail at: _____
- Ok to send email to: _____

Primary Care Physician: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Do I have permission to confer with your physician? Yes No

Psychiatrist: _____ Phone Number _____

Address: _____ City: _____ State: _____ Zip: _____

Do I have permission to confer with your psychiatrist? Yes No