

Intake Form

Date: _____

Client Name: _____ **Date of Birth:** _____

Address--Street, City, State, Zip: _____

Home Phone: _____ **Mobile Phone:** _____

Email: _____

Preferred Method of Communication (check all that apply):

_____ **Home Phone** _____ **Mobile Phone** _____ **Text Message** _____ **Email**

Referral Source: _____

Gender: ___ **Male** ___ **Female** **Religious Preference** _____

Marital Status: ___ **Single** ___ **Married** ___ **Divorced** ___ **Other**

Race and Ethnicity: ___ **Native American** ___ **Hispanic** ___ **African American** ___ **Asian**
___ **Caucasian** ___ **Prefer not to indicate**

Family Size (# of people living in household): _____

Insurance: _____

Insurance ID #: _____