

## 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  Transgender (male or female)  Non-Binary  Choose not to answer

Sexual Orientation  Asexual  Bisexual  Lesbian or Gay  Straight  Something Else (Please Describe)

Religious Preference (if any) \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed  Partner  Choose not to answer

Race and Ethnicity:  African American  Asian  Caucasian (White)  Hispanic  
 Native American  Pacific Islander  Slavic  Other  ESL (English as a Second Language)  Prefer not to indicate

Employment  FT Employed  PT Employed  Self Employed  Student  Retired  
 Unemployed

Family Size (# of people living in household):

Insurance:

Insurance ID #: \_\_\_\_\_