

Today's date: _____

INTAKE INFORMATION: Adult

Name _____ Date of Birth _____ Age _____

Address _____

Billing address, if different from above _____

Phone #'s: Home _____ Cell _____ Work _____

Can confidential messages be left at any of these phone numbers?

(Check if yes) Home _____ Cell _____ Work _____

Occupation _____ Employer (if employed) _____

Education (high school, college, professional, trade) _____

Marital status _____ If married, # years _____ If divorced, # years _____

Spouse/partner _____

Children? (how many & what age) _____

Emergency contact person (if other than spouse/partner) phone#:

Do I have your permission to contact this person in an emergency?

Yes _____ No _____

Referred by _____