**INTAKE FORM**

|  |  |
| --- | --- |
| Name: |  |
| Gender of person seeking services:M [ ]  F [ ]  | Age of person seeking services:      years | Are you seeking services for yourself, or on behalf of somebody else?Myself: [ ] Other: [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone Number | Home:       | Cell:       |
| E-Mail Address |       |
| Preferred Contact Method (Pick one) | [ ]  Email  | [ ]  Phone |
| How did you find out about our clinic? |       |
| Briefly explain what you are seeking help for. |       |
| Have you ever seen a psychologist in private practice before? | [ ]  Yes   | [ ]  No |
| Do you have any questions about coverage and payment?  | [ ]  Yes | [ ]  No |
| Who is your insurance provider? |       |
| Any other comments? Is there anything else you would like us to know? | [ ]  Yes | [ ]  No |

Thank you!

A psychologist from out team will be contacting you soon to schedule an appointment.