**INTAKE FORM**

|  |  |
| --- | --- |
| Name:  |  |
| Gender of person seeking services: | Date of Birth: | Are you seeking services for yourself, or on behalf of somebody else?Myself: [ ] Other: [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone Number: | Home:  | Cell:  |
| E-Mail: |  |
| Address: |   | Postal Code:  |
| How did you find out about our clinic? |  |
| Can you 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.