**INTAKE FORM**

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| --- | --- | --- | --- |
| 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.