**INTAKE FORM**

|  |  |
| --- | --- |
| Full Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Gender** |  | **Date of Birth**: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Requested For:** | **Myself** | **Other:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Home Phone:** |  | **Cell Phone:** |  | **Other:** |  |
| |  |  |  | | --- | --- | --- | | **Can we leave you a voicemail mentioning our clinic name?** | **Yes** | **No** | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Mailing Address:** |  | **E-mail:** |  |

|  |  |
| --- | --- |
| How did you find out about our clinic? |  |

|  |  |
| --- | --- |
| Can you briefly explain why you are seeking help? |  |

|  |  |
| --- | --- |
| Have you used psychological services before? |  |

|  |  |  |
| --- | --- | --- |
| Do you have any questions about payment? | Yes | No |

|  |  |
| --- | --- |
| Who is your insurance provider? |  |

|  |  |
| --- | --- |
| Is there anything else you would like us to know? |  |