**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** |

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| --- | --- | --- | --- |
| **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? |  |