



New Client Intake Form

Please Note: This form is for therapy services only.

Personal Information

First Name: _____

Last Name: _____

Gender: _____ Date of Birth: ____ / ____ / ____ SSN: _____ - ____ - ____

Cell Phone Number: (____) _____ Other Phone (____) _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Current Occupation/Employer: _____

Work Phone: (____) _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Number: _____



Insurance Information

Primary Insurance Company: _____

Insurance ID#: _____ Group or Policy #: _____

Policy Holders Name: _____ Holders DOB: _____

Phone Number for Providers or Customer service on Back of Insurance Card: _____

Secondary Insurance Information (if applicable)

Secondary Insurance Company: _____

Insurance ID#: _____ Group or Policy #: _____

Policy Holders Name: _____ Holders DOB: _____

Phone Number for Providers or Customer service on Back of Insurance Card: _____

Client Information

Name of Person Filling Out Form (if not client): _____

Number of Person Filling Out Form: _____

Relationship to Client: _____

Are you the Best Person to Contact to Set Up Intake? (Circle one) Yes No, contact client

Signature: _____ Date Form Completed: _____