



INTAKE FORM / NEW CLIENT QUESTIONNAIRE

Please note: information provided on this form is protected as confidential information.

Legal Name _____

Preferred Name _____ **Pronouns** ____/____/____

Age ____ **Date of Birth** ____/____/____

Address _____
street city state zip

Phone (Primary) _____ **(Secondary)** _____

Okay to leave a voicemail? Y__ N__ **Okay to use text messaging?** Y__ N__

Email _____ **Okay to email?** Y__ N__

Are you on any medications? Y__ N__ If so, what? _____

Emergency contact person (name, relationship, phone, address)

How can we help? Please tell us in your own words what brings you here today.

Who referred you to us? _____ **May we send a “thank you” for the referral?** Y__ N__

Billing Information:

Name on Card	
Card Number	
Card Expiration	
Security Code	
Billing Zip Code	