

Intake Form

Please provide the following information, and answer the questions below.
Please note: Information you provide here is protected as confidential information.

Please fill out this form and bring it to your first session.

Name: _____
(Last) (First) (Middle Initial)

Name of parent/guardian(if under 18 years):

(Last) (First) (Middle Initial)

Birth Date: ____/____/____ Age: ____

Preferred Gender Pronouns: She/Her____ He/Him____ They/Them____

Marital Status: Single____ Married____ Divorced____ Widowed____

Address: _____
(Street and number)

(City) (State) (Zip code)

Phone Number: _____

Email: _____

*Please note: Email correspondence is not considered to be a confidential medium of communication.

Please list any children/age: _____

Referred by(if any): _____

Have you previously received any type of mental health services(psychotherapy, psychiatric services, etc.)? _____

