

FRANCIS PRIVATE THERAPY

Francis Private Therapy, LCSW, PLLC

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Initial Intake Form

Full Name: _____

Phone: _____

Email: _____

DOB: _____

Gender ID (including Gender Non-conforming, Gender-queer, Non-binary, Trans Female/Male):

Ethnicity/Race: _____

Marital Status (including Common Law, Living Together, Partners, Engaged): _____

Address (including Apt # if applicable): _____

Employment or Student status (if applicable): _____

Emergency Contact (Name and Number): _____

***Individual(s) will not be contacted prior to your consent**

Insurance & ID Number: _____

Are you the primary insured? _____

If not, list name and DOB of primary insured: _____

Do you have a deductible or copay? _____

How were you referred? _____

Are you seeking remote or in-person sessions? _____

What is your availability? _____

Primary reason for seeking treatment at this time? _____

Please submit this form along with a picture of your ID and front and back of your insurance card to: contact@francisprivatetherapy.com. Completed forms and documents can also be uploaded using the "Attach Client Forms" link on the Contact page of website (www.francisprivatetherapy.com). Please be sure to include all the requested documentation to expedite the scheduling process. All information disclosed on this form is confidential.