

New Client Intake Form

*To place your child on our waiting list: Please complete this form, along with a copy of your child's diagnostic report and insurance card, and send via fax or email all required documents to admin@expressionsbhc.com.

Thank you for choosing Expressions!

Identifying Information:

Intake Date: _____

Client Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Client is currently living with: _____

Parent/ Guardian Name: _____

Relationship to Client: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Insurance:

Insurance Funder: _____ Policy Number: _____

Education:

Current School: _____

Grade: _____ Hours/ Days Attended: _____

Client's Weekly Availability:

Please select a session time:

☐ AM Session: M-F 8am-12pm ☐ PM Session: M-F 12pm-4pm ☐ ALL Day Session: M- F 8am-4pm