

# New Client Intake Information

## Personal Information Fact Sheet

(All personal information is confidential and will be treated appropriately.)

### Contact Information

Full name \_\_\_\_\_

Name you prefer to be called \_\_\_\_\_

Primary telephone \_\_\_\_\_ (Mark One: Cell \_\_\_\_\_ Landline \_\_\_\_\_)

E-mail address \_\_\_\_\_

City and State \_\_\_\_\_

### Personal Information

Date of birth \_\_\_\_\_

Marital status \_\_\_\_\_

Number of children \_\_\_\_\_

### Employment Information (Optional)

Occupation (what you do to earn a living) \_\_\_\_\_

### Demographics ( Optional)

Race \_\_\_\_\_

Ethnicity \_\_\_\_\_

Gender \_\_\_\_\_

Religious Background \_\_\_\_\_

### Emergency Contact (optional)

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Inner Shift Perspective