

**CLIENT INTAKE FORM**

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|  | **DEMOGRAPHICS** |  |  |
| First Name: | Last Name: | Date of Birth: | Age: |
| Street Address: | Apt #: | City: | State, Zip Code: |
| Primary Phone #: H / C | Secondary Phone #: H / C | Email Address: | Preferred method of contact?   * Call * Text * Email |
| Sex:   * Female * Male * Prefer not to say | Height:  Weight: | Relationship Status:   * Single * Married * Divorced * Widowed * Domestic Partner |  |



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|  | **EMERGENCY CONTACT** | **& HEALTH CARE PROXY** |  |
| Emergency Contact 1: | Relationship: | Phone #: | Address: |
| Emergency Contact 2: | Relationship: | Phone #: | Address: |
| Health care proxy:    Same as E1   /   Same as E2 | Relationship, contact info:    Same as E1   /   Same as E2 | Advanced Directive:  Y   /   N    Full Code                     DNR/DNI | Location of AD:    Request info on AD:  Y   /   N |
| Patient Name: |  |  |  |



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| **PHYSICIAN/** | **REQUEST FOR SERVICES/** | **INSURANCE INFO** |  |
| Referring physician: | NPI: | Practice name: | Phone/Fax: |
| Current request for Services:      PT                  Diag      OT                  Diag      SLP                 Diag | New   /   Returning client?      Therapy this year?     Y   /   N      Chiropractic?              Y   /   N | Prior dates of service during current benefit year?    When:      When: | Location of prior service during current benefit year?    Where:      Where: |
| Insurance 1: | Insurance 2: | Insurance 3: | Insurance 4: |