



Intake Form

Client name: *

Client Date Of Birth: *

Gender: *

Phone Number: *

Your Address: *

Email Address: *

Primary Contact: (if under 18)

Preferred Contact for Confidential Information: *

Availability for Appointments:

Name of Behavioral Health Insurance:

Member ID:

Group ID:

Policy Holder Name:

Primary Cardholder DOB:

Client Relationship to Policy Holder:

Secondary Insurance:

Secondary Member ID:

Reason(s) For Seeking an Appointment: *