



102 Sanders Street  
Athens, Alabama 35611  
256.431.4223

## Intake Form

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Sex:  Male  Female

Mailing Address: \_\_\_\_\_  
Address City State Zip

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best reminder contact:  Text  Email  Call

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Marital Status:  Single  Married  Widowed

If under 18, Parent/Guardian: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently receiving Home Health?  Yes  No

Have you taken Speech Therapy or Physical Therapy anywhere else this year?  Yes  No

If yes, for what and where? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_