



Prepare-Enrich

Confidential Intake Form

Please provide the following information for our records. Information you provide here is protected as confidential information.

Date of Intake/Appointment: ____/____/____ **Time of Appointment:** _____ AM PM

Client's Name: _____
(Last) (First) (Middle)

Birth Date: ____/____/____ **Age:** _____ **Gender:** Male Female Transgender

Religious Preference: _____

Marital Status:

Never Married Domestic Partnership Married Separated Divorced Widowed

Current Address: _____
(Street and Number) (City) (State) (Zip)

Home Phone: (____) _____ **Work Phone:** (____) _____ **Cell:** (____) _____
May we leave a message? Yes No May we leave a message? Yes No May we leave a message? Yes No

E-mail: _____ May we email you? Yes No

■ Please note: Email correspondence is not considered to be a confidential medium of communication.

Referred By: _____
(e.g. name of Judge, website, friend, name of church pastor, etc.)

What made you decide to take the Prepare-Enrich Program? _____

What goals do you hope to accomplish from taking the program? _____

Client's Signature

Date