



INTAKE FORM

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

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Move In Date: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

EC Phone #: \_\_\_\_\_

Case Worker: \_\_\_\_\_

Financial Worker/County: \_\_\_\_\_

Financial Worker Phone #: \_\_\_\_\_

Case Number: \_\_\_\_\_

GRH Status: \_\_\_\_\_

Probation Officer: \_\_\_\_\_

PO Phone Number: \_\_\_\_\_



INTAKE FORM  
MEDICAL INFO

**Diagnosis:**

**Medications and Dosage:**

**Reason for Admittance:**

**Insurance type:**

**Allergies:**

**Physician:**

**Psychiatrist:**

**Primary Care Provider:**

**Therapist:**

**Notes:**