



## ADULT CLIENT INTAKE INFORMATION

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Legal Name of Client:

Date of Birth?

Client's Age:

Client's Address:

Email:

Best Contact Number:

Preferred Method of Contact:

Main Concerns for Therapy:



C O U N S E L L I N G

Is there anything else you would like me to know before the first appointment?

Is there a specific therapist you are requesting to see?

Are you looking to utilize coverage through a third-party or your employer?



\*If responding yes, what is the insurance company?

\*If responding no, are you willing to submit tax documents to prove income to qualify for our sliding scale fee for those who have a gross household income under \$140,000?

I am available for appointments:

How did you hear about us?

