

Experience the courage to heal and grow.

INTAKE INFORMATION

Date _____

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Employer _____

Telephone () _____ Home () _____ Cell () _____

Preferred Email _____

May I leave a message on an answering machine? Yes No

Work () _____ May I contact you at work? Yes No

Single Married Divorced Separated

If married, date of current marriage _____

Spouse's Name _____ Date of Birth _____

Address _____

Please list additional family members living with you:

Name	Relationship	Date of Birth	Employer/School

Physician _____

Name _____

Address _____ Phone # _____

Name and phone number of relative or friend to contact in the event of an emergency
