

Your Name		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;"><b>Yes</b></td> <td style="text-align: center;"><b>No</b></td> </tr> </table>				<b>Yes</b>	<b>No</b>
<b>Yes</b>	<b>No</b>						
Street Address							
City							
State							
Zip Code							
Is it alright to use the U.S. mail to communicate with you?							

1st Telephone #		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;"><b>Yes</b></td> <td style="text-align: center;"><b>No</b></td> </tr> </table>				<b>Yes</b>	<b>No</b>
<b>Yes</b>	<b>No</b>						
Is it alright to leave a message at this number?							

2nd Telephone #		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;"><b>Yes</b></td> <td style="text-align: center;"><b>No</b></td> </tr> </table>				<b>Yes</b>	<b>No</b>
<b>Yes</b>	<b>No</b>						
Is it alright to leave a message at this number?							

Email Address		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;"><b>Yes</b></td> <td style="text-align: center;"><b>No</b></td> </tr> </table>				<b>Yes</b>	<b>No</b>
<b>Yes</b>	<b>No</b>						
Is it alright to leave a message at this email address?							

**Family Contact Information (should an emergency arise)**

Person's Name	
Relationship to you	
Mailing Address	
Telephone Number	
Email Address	

Referral Source		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;"><b>Yes</b></td> <td style="text-align: center;"><b>No</b></td> </tr> </table>				<b>Yes</b>	<b>No</b>
<b>Yes</b>	<b>No</b>						
Is it alright to communicate an acknowledgment?							
Relationship to you							
Mailing Address							
Telephone Number							
Email Address							

Presenting Issue	
History of Previous Therapy	
Personal History (related to the visit)	
Medical & Medication History (related to the visit)	
Family History (related to the visit)	

Insurance information is not requested. Thank you for completing the intake form.

**Please sign, date and bring this with you on your first appointment:**