

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;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>				Yes	No
Yes	No						
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;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>				Yes	No
Yes	No						
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;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>				Yes	No
Yes	No						
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;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>				Yes	No
Yes	No						
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;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>				Yes	No
Yes	No						
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: