

Intake Form – Office & Telehealth | 2024

Please print, complete and bring it to your next appointment or scan it to upload for Telehealth.

Your Name			
Street Address			
City			
State			
Zip Code			
Is it alright to use the U.S. mail to communicate with you?		Yes	No

1st Telephone #			
Is it alright to leave a message at this number?		Yes	No

2nd Telephone #			
Is it alright to leave a message at this number?		Yes	No

Email Address			
Is it alright to leave a message at this email address?		Yes	No

Family Contact Information (should an emergency arise)

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

Referral Source			
Is it alright to communicate an acknowledgment?		Yes	No
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 and date.