



Adult Intake Form

Name:	Date of birth:
Street address:	
City, state, zip:	
Cell phone:	Home phone:
Email:	
Occupation:	
Preferred method of communication for routine messages?	Preferred method for confidential messages?
May we e-mail you with appointment reminders?	Yes No
May we e-mail our newsletter?	Yes No

Emergency Contact (*Who should we contact in an emergency?*)

Name, relationship, phone number:

Referral Source (*Who recommended us?*)

Name:	May we thank them for the referral using your name? Yes No
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Below, please briefly explain what brought you in today.

Signature

Date

For office use only:

Therapist:

DSM: