

**ADULT INTAKE FORM**

NAME : \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
POSTAL CODE: \_\_\_\_\_

**PHONES (also check preferred mode of contact)**

- HOME: \_\_\_\_\_
- CELL.: \_\_\_\_\_
- WORK: \_\_\_\_\_
- EMAIL: \_\_\_\_\_

**PHYSICIAN NAME:** \_\_\_\_\_

**INSURANCE COVERAGE ?** \_\_\_\_\_

**EMERGENCY CONTACT**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
Relationship to client: \_\_\_\_\_

**HOW DID YOU FIND ME**

- Web search     Physician ( name) \_\_\_\_\_  Friend
- Other: (specify) \_\_\_\_\_

**For office use only**

- Consent to treatment signed
- Intake Form
- Privacy policy, fees, cancellation policy, limits to confidentiality addressed (form given)
- Survey completed (specify survey: \_\_\_\_\_)