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Client Information

Intake Date: _____

Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone: Home: _____ Message OK? Yes/No

Cell: _____ Message OK? Yes/No

Work: _____ Message OK? Yes/No

Age: _____ Date of Birth: _____

Therapy History: _____

Consent for Treatment signed? Yes/No

HIPAA Notice received and signed? Yes/No

Authorization to Release Information necessary? Yes/No

Obtained? Yes/No

Emergency Contact: _____

Fee set at \$ _____

Insurance Info: _____

Background Information/Presenting Problem: _____
