Clinical use:
1st seen: DATE ______ TIME ______

Adult Intake Form

Today's Date ______________

Name ______________________________ **Date of Birth** ______________
Last First M. I. Maiden Name

Address ______________________________ **Email** ______________
Nbr & Street City State Zip Code

Phone: Home (____) ______________ Work (____) ______________ Soc. Sec. # ______________

Cell Ph. (____) ______________ Other (____) ______________ Drivers Lic. # ______________

Relationship Status

☐ Single ☐ Dating ☐ Live-in Partner ☐ Married Date ______ ☐ Divorced Date ______ ☐ Widowed Date ______ ☐ Separated Date ______

Whom may we contact in an emergency? ______________________________
Name Phone Relationship

Current Employment Information

Currently Employed? ☐yes ☐no May we leave a message for you? ☐yes ☐no

Occupation ______________ Employer's Name ______________

Address ______________________________
Street City State Zip Code

Areas of Training ______________ Areas of Interest ______________

Seeking Employment? ☐yes ☐no Type of Position Sought ______________

Occupational History – (Please list previous employment with accompanying dates)

1. ______________________________
2. ______________________________
3. ______________________________

Method of Payment (check one): ☐ **Insurance** ☐ **Private Pay (not using Insurance)**

Primary Insurance Information

Health Insurance Carrier ______________ Policy # ______________ Group # ______________

Name of Subscriber ______________ Subscriber's Phone (__) ______________

Subscriber's Address ______________________________
Street City State Zip Code

Subscriber's Date of Birth ______________ Subscriber's Social Security Number ______________

Other Insurance Information

Health Insurance Carrier ______________ Policy # ______________ Group # ______________

Name of Subscriber ______________ Subscriber's Phone (___) ______________

Subscriber's Address ______________________________
Street City State Zip Code

Subscriber's Date of Birth ______________ Subscriber's Social Security Number ______________

For office use only

(ICD-10): ____.____ ______________________________

____.____ ______________; ____.____ ______________

____.____ ______________; ____.____ ______________

____.____ ______________; ____.____ ______________