**Intake Information**

**CONTACT INFORMATION:**

Date: School:

Client Name: DOB:

Social Security #: Sex: M or F

Address:

City: State: Zip Code:

Home Phone: I give my permission to be called at this number: Y or N

Cell Phone: I give my permission to be called at this number: Y or N

Work Phone: I give my permission to be called at this number: Y or N

Parent/Guardian Contact Information: (**Check if address is same as minor client)**

 **Check if Client’s Emergency Contact**

**INSURANCE INFORMATION**

Financially Responsible Person

Name: DOB:

Address:

City: State Zip Code

Employer:

Relationship to Client:

**Primary Insurance (Need copy of card)**

Policy Holder: DOB: SS#:

Insurance: Phone:

I.D. #: Group #: