

# Client Intake and Registration Form

Please complete all sections of this form before your first appointment. This document will be printed and kept in your physical file.

## Personal Information

First Name:

Middle Name:

Last Name:

Date of Birth (MM/DD/YYYY):

Gender / Pronouns:

Occupation:

## Contact Information

Phone Number:

Email Address:

Street Address:

City:

State / Province:

Zip / Postal Code:

## Emergency Contact

Emergency Contact Full Name:

Relationship to Client:

Emergency Contact Phone Number:

## General Intake Questions

How did you hear about us?

Primary reason for seeking services today:

What are your goals or expectations?

## **Signatures**

Client Signature (or Parent/Guardian if minor):

Date Signed (MM/DD/YYYY):