**Please complete form and email to: admin@yourwayoutllc.com.**

**Allow 24-48 hours for a call to schedule your intake appointment.**

**CLIENT DEMOGRAPHIC FORM**

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| --- |
| CLIENT INFORMATION |

**Date**: Click or tap to enter a date.

**Name:** Click or tap here to enter text. **Date of Birth**: Click or tap here to enter text.

**Gender:** Choose an item. **Race (Optional):**Choose an item.

**Sexual Orientation:** Click or tap here to enter text. **Marital Status:** Single

**Employment Status:** Choose an item. **Email Address:** Click or tap here to enter text.

**Home Address:** **Phone Number:**Click or tap here to enter text.

**Emergency Contact:** Click or tap here to enter text. **Phone Number:** Click or tap here to enter text.

**Insurance:** Choose an item. **Policy#**:

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| REFERRAL INFORMATION |

**How did you hear about us?**

Employer  Family Member  Friend  Health Fair Event  Insurance  Magazine  Mail

News  Physician  Radio  Television  Website Google Search  Psychology Today

|  |
| --- |
| REASON FOR REFERRAL/PRESENTING PROBLEM |

|  |
| --- |
| RESPONSIBLE PARTY/GUARANTOR INFORMATION |

**Relationship to Patient:**  Self  Spouse  Parent  Other

**Name:** Click or tap here to enter text. **Phone Number:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| Service(s) Requested | | |
| Individual Therapy | Family Therapy | Couples Therapy |
| Coping Skills Training | Anger Management | Stress Management |

|  |
| --- |
| Intake Assessment Appointment Date (To be completed by provider) |

Date: Click or tap to enter a date. Time: Click or tap here to enter text.