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

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

 **CLIENT DEMOGRAPHIC FORM**

|  |
| --- |
| 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.

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| --- |
| 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.