

INTAKE FORM

Revised 4/17/17

- Filling in all of the boxes will reduce the length of your appointment.
- Write "NA" or "Unknown" if the box or question is not applicable or you don't know the answer.

Last Name:			First Name:			Middle Name:			Gender:			
Living Address – Street:						City:			State:		ZIP Code:	
Mailing Address:						City:			State:		ZIP Code:	
Cell Phone:				Other Phone:				Email Address:				
<input type="checkbox"/> Do NOT send text reminders <input type="checkbox"/> This is my primary number				<input type="checkbox"/> Do NOT send text reminders <input type="checkbox"/> This is my primary number				<input type="checkbox"/> Do NOT send email reminders				
My Primary Language is:				Social Security Number:				Driver's License Number:				
Date of Birth:		Race:		Eye Color:		Hair Color:		Marital Status:		Who do you live with?		
Have you ever had any another names? (An example is a maiden name)												
Do you have any health concerns?												
Are you currently taking any medications? If so, which ones?												
Who should we call in the event of an emergency? Name: _____ Phone Number: _____												
List any prior alcohol, drug, domestic violence, mental health, or other treatment programs you have attended:												
Employer:				Occupation:				Work Phone:				
Are you currently on Probation anywhere else? Yes____ No____ If yes, where: _____ Probation Officer Name: _____												
Have you ever been on Probation anywhere in the past? Yes____ No____ If yes, where: _____ Probation Officer Name: _____												
Have you ever lived in another state? If so, where?						Have you ever served in the military? Yes____ No____ Currently serving: Past service:						
Do you have any out of state criminal convictions? Yes____ No____ Please list all criminal convictions : Where: _____ When: _____ Charge: _____												
Signature:						Date:						