

CLIENT INTAKE FORM

PERSON RECEIVING SERVICES	
Name:	Age:
School, if applicable:	Grade:
Occupation, if applicable: Place of work, if applicable:	
Preferred contact phone:	Circle one: Voice/Text/Both
Preferred email address:	
Preferred meeting days/times:	
Transportation (Circle One): Self/Other/None	
Diagnoses:	
IEP or 504 information:	
Current concerns:	

BILLING INFORMATION
Person(s) responsible:
Address:
Contact Phone:
Contact Email:
Form of payment and billing preferences: