



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:	
Preferred meeting location:	Transportation (Circle One): Self/Other/None
Diagnoses:	
IEP or 504 information:	
Current concerns:	

BILLING INFORMATION
Person(s) responsible:
Address:
Contact Phone:
Contact Email:



CLIENT INTAKE FORM

Form of payment and billing preferences:

Initial Consult Notes: Notes from initial consult	Date:



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