

	INTAKE SHEET
Therapist Name:	
Date of First Session	
First Name	
MI	
Last Name	
Address	
Apt.	
City	
Zip Code	
Email address	
Home Phone	
Work Phone	
Mobile Phone	
SSN or ID#	
Birth Date MM/DD/YY	
Gender	
Marital Status	
Employment	
Primary Insurance	
ID#	
Group#	
Name of insurance holder	
Address if different from client	
Employer	
Insurance holders birth date	
Relationship to client	
OFFICE USE ONLY	
CPT	
DIAG.	