Intake

Personal Data

Name: _____

Maiden Name_____ DOB_____

Address _____

Phone # _____ Marital Status _____ Sex: ❒ M ❒ F

Who referred you: _____Phone # _____

Patient's Employer _____ Phone#_____

Emergency Contact _____

Phone # _____

Family Members

Name	Age	Occupation	Relation to Patient

Therapy History

Professional seen	Start Date	End Date	Reason seen

Problem Description

In your words, briefly describe the problem for which you are seeking help:

311 Ramsey Street, No. 105 Saint Paul, Minnesota 55105 (651) 408-5069

Insurance Information

Primary Insurance Company_____

Phone # _____

Insured Name _____

Relationship to Patient _____

Policy # _____

Insured's Employer _____

Phone # _____