

CONFIDENTIAL CLIENT INTAKE RECORD

Today's Date: _____
Month / Day / Year

NAME: _____

PHONE(S): _____

May I leave a detailed message for you at this number? Yes No (circle one)

SEX: M or F (circle one)

DATE OF BIRTH: _____
Month / Day / Year

NAME: _____

PHONE(S): _____

May I leave a detailed message for you at this number? Yes No (circle one)

SEX: M or F (circle one)

DATE OF BIRTH: _____
Month / Day / Year

CURRENT ADDRESS:

Street City Province Postal Code

PERMANENT ADDRESS:

Street City Province Postal Code

Emergency Contact: _____

Client's Choice of Contact (name, ph#, & relation to client)

Phone Number(s)

Referral Source (e.g. Yellow Pages/website/doctor/EAP): _____

Presenting Issue: _____