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### Client Intake Form

#### Client Demographic Information:

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
May we leave a voice message at the above numbers? Y / N SSN: \_\_\_\_\_

#### Emergency Contact Information:

Name: \_\_\_\_\_ Relationship to Client \_\_\_\_\_  
Phone: \_\_\_\_\_ May we leave a message? Y / N

#### If the client is a minor, please complete the next section:

Parent / Legal Guardian: \_\_\_\_\_ Minor's Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

#### Insurance Information:

Insurance Company: \_\_\_\_\_ HMO \_\_\_\_\_ PPO \_\_\_\_\_ EAP \_\_\_\_\_ Other: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Subscriber Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_  
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_  
EAP Authorization #: \_\_\_\_\_ # of Sessions: \_\_\_\_\_

#### Person Responsible for Bill:

The client (age 18 and older) or parent/guardian signing intake form for a minor client is responsible for all bills.

\_\_\_\_\_  
Client's signature (age 12 and older) Date  
\_\_\_\_\_  
Parent/guardian of minor OR legally disabled recipient Date

#### Additional Information:

What are your presenting issues? \_\_\_\_\_  
How were you referred to our practice? \_\_\_\_\_