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Bannockburn, IL 60015

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Client Intake Form

Client Demographic Information:

Client's Name: _____ Date of Birth: _____

Age: ____ Sex: M / F

Address: _____ City/State: _____ Zip code: _____

Home Phone: _____ Other Phone: _____

Email: _____

SSN: _____

May we leave a voice message at the above numbers? Y / N

May we email you with information about appointments? Y / N

May we email you with information on topics of wellness and upcoming events? Y / N

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: _____ 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? _____