

CLIENT INTAKE FORM

Client Name: First _____ Mdl. _____ Last _____

Address _____ City _____ State _____ Zip _____

Home (____) ____-____ Work (____) ____-____ Cell (____) ____-____

Employer _____

Ok to call? work home cell
Please circle at least one

Ok to leave message? work home cell
Please circle at least one

Marital Status ____ (*S* - Single, *M* - Married, *P* - Partnered, *W* - Widowed, *D* - Divorced, *SP* - Separated)

Sex ____ Social Security No. ____-____-____ Date of Birth ____/____/____

EMERGENCY CONTACT: _____ Phone: _____

Relationship (i.e., wife, husband, friend, etc.) _____

Ok to call? work home cell
Please circle at least one

Ok to leave message? work home cell
Please circle at least one

RESPONSIBLE PARTY INFORMATION:

Name: First _____ Mdl. _____ Last _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) ____-____ Pager/Cell (____) ____-____ Work (____) ____-____

Ok to call? work home cell/pager
Please circle one any that apply

Ok to leave message? work home cell/pager
Please circle one any that apply

Relationship ____ (*P* - Parent, *S* - Spouse, *O* - Other _____)

PRIMARY CARE PHYSICIAN: _____ Phone: _____

REFERRAL INFORMATION:

Name of the individual/organization who referred you to this practice/therapist _____

Phone (____) ____-____ **Ok to contact to send thank you?** _____

I am aware this office is HIPAA compliant and have **received/declined (circle one)** a copy of the Practice Privacy Statement _____

My signature indicates that I am in agreement with providing the above information.

Client/Guardian or Legal Equivalent if minor

Date

I allow Antone F Feo, PhD & Associates, Inc., *Integrated Wholistic Wellness* to have my email address for billing statements and scheduling reminders from Schedulicity.com. I understand I am not to depend on these reminders, that they are being sent as a courtesy, and if a reminder is not received it is not an excuse for not keeping an appointment. **The use of emails is NOT for the cancelling/rescheduling of appointments. Please do not reply to these emails. The cancelling/rescheduling of appointments must be done by phone.**

Email address: _____