



## INTAKE FORM

### PERSONAL INFORMATION:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Sex: M / F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### CONTACT INFORMATION:

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Okay to leave message? yes / no

Work phone: \_\_\_\_\_ Okay to leave message? yes / no

Mobile phone: \_\_\_\_\_ Okay to leave message? yes / no

Okay to text? yes / no

*Please note that although The River Wellness Group staff use secure mobile phones, information stored on mobile phones is at risk of privacy breaches due to external circumstances (e.g., theft, data interception). By checking this box you accept the risk of privacy breaches to due circumstances out of the control of The River Wellness Group staff.*

E-mail address: \_\_\_\_\_

*Please note that although The River Wellness Group staff use secure e-mail, e-mail is at risk of privacy breaches due to external circumstances (e.g., identity theft, data interception). By entering your e-mail address you accept the risk of privacy breaches to due circumstances out of the control of The River Wellness Group staff.*

### EMERGENCY CONTACT INFORMATION:

Emergency contact person (name, relationship, phone, address): \_\_\_\_\_

How can we help? Please tell us in your own words what brings you here today? \_\_\_\_\_

How did you hear about The River Wellness Group? \_\_\_\_\_