

## INTAKE FORM

Intake Date: \_\_\_\_\_

Name(s): \_\_\_\_\_ Date(s) of Birth \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_ Ph-HM \_\_\_\_\_

Postal Code: \_\_\_\_\_ Ph-WK \_\_\_\_\_

E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Please email me receipts.  Please do not send me any promotional email.

Employer: \_\_\_\_\_ School \_\_\_\_\_

Call in case of an emergency: \_\_\_\_\_

Referred to Cascadia by: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Recent Treatment: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Illness: \_\_\_\_\_

Alcohol/day: \_\_\_\_\_ Drugs/Nicotine/Caffeine \_\_\_\_\_

Members of household:

Name	Date of Birth	Relationship to Client
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Presenting Issue: (client's perspective)

\_\_\_\_\_

\_\_\_\_\_