**Client Intake Form**

Client’s Full Legal Name: Click or tap here to enter text.

Date of Birth:Click or tap here to enter text. Age: Click or tap here to enter text.

Gender: Click or tap here to enter text. Location of Service: Choose an item.

Phone Number: Click or tap here to enter text. Treatment Preference: Choose an item.

Email Address:Click or tap here to enter text. Email Reminders: Choose an item.

Address: Click or tap here to enter text. Text Reminders: Choose an item.

Guardian Name: Click or tap here to enter text. Relationship: Click or tap here to enter text.

Phone Number: Click or tap here to enter text. Text Reminders: Choose an item.

Email Address: Click or tap here to enter text. Email Reminders: Choose an item.

Payment Type: Choose an item.

Policy Holder Name: Click or tap here to enter text. Date of Birth: Click or tap here to enter text.

Insurance:Click or tap here to enter text. Insurance: Click or tap here to enter text.

ID Number: Click or tap here to enter text. ID Number: Click or tap here to enter text.

Group Number: Click or tap here to enter text. Group Number: Click or tap here to enter text.

\*Are you aware of your current insurance benefits and the out-of-pocket expense you may be responsible for? Choose an item. If no, please reach out to insurance to determine

**Treatment History:**

Reason for Seeking Therapy: Click or tap here to enter text.

Current Mental Health Provider: Choose an item. If yes, who: Click or tap here to enter text.

Current Diagnostic Assessment: Choose an item. If yes, from where: Click or tap here to enter text.

**Presenting Concerns: (Check all that apply)**

[ ] Fear/Phobia/Worries [ ] Legal Concerns [ ] Bipolar Illness

[ ] Child Protection Investigation [ ] Gender Identity Concerns [ ] Hallucinations/Delusions

[ ] Developmental Disabilities [ ] Eating Concerns [ ] Dependent Living

[ ] Substance Use Disorder [ ] Sexual Concerns [ ] Active Psychosis

[ ] Personality Disorder [ ] Other: Click or tap here to enter text.

What goals do you have for therapy? Click or tap here to enter text.

How motivated are you to participate in achieving these goals? Choose an item.

What motivates you to achieve these goals? Click or tap here to enter text.

Referral Name: Click or tap here to enter text. Phone Number: Click or tap here to enter text.

Email: Click or tap here to enter text. Organization or Relationship: Click or tap here to enter text.

Form completed by:Click or tap here to enter text.

Additional Comments: Click or tap here to enter text.

**Please fax this form to 320-348-7257 or mail it to: 1884 Mahogany Street Mora, MN 55051**

**\*It is not recommended to send personal information via E-mail due to the lack of HIPAA compliance.**