

**SAMPLE INTAKE FORM**

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

Legal Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_       Not Applicable       Decline to answer

Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_

Zip code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

(OK to contact/leave message) Yes \_\_\_\_ No \_\_\_\_

Cell Phone #: \_\_\_\_\_

(OK to contact/leave message) Yes \_\_\_\_ No \_\_\_\_

Work Phone #: \_\_\_\_\_

(OK to contact/leave message) Yes \_\_\_\_ No \_\_\_\_

Type of Insurance: \_\_\_\_\_       Client does not have insurance

Policy Holder's Name: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

**Current Gender Identity:**

- Female
- Male
- Transgender Male/Female to Male
- Transgender Female/ Male to Female
- Genderqueer, not exclusively male/female
- Another Gender Identity: \_\_\_\_\_
- Decline to answer

**Assigned Sex at Birth:**

- Female
- Male
- Another: \_\_\_\_\_
- Decline to answer

**Have you been diagnosed as Intersex?**

- Yes
- No
- Decline to answer

**Pronouns Used**

- She/Her
- He/Him
- They/Them
- Another Pronoun: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

**Please complete BOTH front and back sides of this form. If you have any questions regarding completion of this form, please request assistance from your provider.**

**Sexual Orientation:**

- Straight or heterosexual
- Lesbian
- Gay or Homosexual
- Bisexual
- Queer

- Asexual
- Another Sexual Orientation:  
\_\_\_\_\_
- Decline to answer

**Race [select all that apply]:**

- American Indian/Alaska Native/Indigenous
- Southwest Asian/North African
- Asian
- Black/African American
- Eastern European

- European
- White/Caucasian
- Another Race:  
\_\_\_\_\_
- Decline to answer

**Are you Hispanic?**

**Yes, I AM...**

- Central American
- Cuban
- Dominican
- Dominican
- Latin American
- Mexican
- Puerto Rican
- South American

- Spaniard
- Another type of Hispanic:  
\_\_\_\_\_
- No, I am NOT Hispanic**

**Ethnicity [select all that apply]:**

- Asian Indian/South Asian
- Cambodian
- Caribbean
- Central American
- Chinese
- Fijian
- Filipino
- Guamanian
- Hispanic
- Hmong
- Japanese
- Korean
- Laotian
- Mexican/Chicano
- Mien
- Native Hawaiian
- Puerto Rican
- Samoan

- South American
- Tongan
- Vietnamese
- Another Ethnicity:  
\_\_\_\_\_
- Decline to answer

**Primary Language [select ONE]:**

- American Sign Language (ASL)
- Armenian
- Cambodian
- Cantonese
- English
- Farsi
- French
- Hebrew
- Hmong
- Ilocano
- Italian
- Japanese
- Korean
- Laotian
- Mandarin
- Mien
- Polish
- Portuguese
- Russian
- Samoan
- Spanish
- Tagalog
- Thai
- Tongan
- Turkish
- Vietnamese

- Arabic Dialects:  
\_\_\_\_\_
- Another Chinese Dialect:  
\_\_\_\_\_
- Another Non-English:  
\_\_\_\_\_
- Another Sign Language:  
\_\_\_\_\_
- Another Primary Language:  
\_\_\_\_\_
- Unknown / Not Reported

**Please Scan. Office Use Only.**

Type of Referral: \_\_\_\_\_ Source of Referral: \_\_\_\_\_  
Disposition of Referral: \_\_\_\_\_