

Jessica D. Getson, LPC, DBTC

Positive Therapy for Personal Healing

CLIENT INTAKE FORM

Legal Name _____ DOB _____ Age _____

Nickname (if applicable) _____

How did you hear about me? (Doctor, Internet, etc.) _____

CONTACT INFORMATION

Permanent Street Address _____ City _____ State _____ Zip _____

Temporary Street Address _____ City _____ State _____ Zip _____

**Which address is best for me to send you mail? Permanent Temporary*

Home Phone _____ - _____ - _____

Cell Phone _____ - _____ - _____

Work Phone _____ - _____ - _____

**Indicate if there is a preferred telephone number: Home Cell Work*

Personal Email _____

Work Email _____

School Email _____

**Indicate if there is a preferred email: Personal Work School*

** May I send you receipts via email? Yes No*

EMERGENCY CONTACT

Name _____ Relationship _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Jessica D. Getson, LPC, DBTC
Positive Therapy for Personal Healing

CLIENT INTAKE FORM

YOUR DOCTORS/SPECIALISTS (Internist, Psychiatrist, Dietician, Treatment Center, etc.)

1...

Name	Phone
------	-------

Street Address	City	State	Zip
----------------	------	-------	-----

**Would you like for me to contact above provider for the purpose of collaborating in your care? Yes No*

2...

Name	Phone
------	-------

Street Address	City	State	Zip
----------------	------	-------	-----

**Would you like for me to contact above provider for the purpose of collaborating in your care? Yes No*

3...

Name	Phone
------	-------

Street Address	City	State	Zip
----------------	------	-------	-----

**Would you like for me to contact above doctor for the purpose of collaborating in your care? Yes No*

***By signing below, you are:

- 1) confirming that you have completed this form fully and accurately.
- 2) giving me permission to contact any specialists for whom you have provided information and circled 'yes' for the purpose of collaborating in your care.
- 3) acknowledging that you have fully read the 'Informed Consent & Responsibilities' document (additionally given with this form) and agree to comply with all of its content.

Client or Responsible Party Signature

Date