

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

**CLIENT INTAKE FORM**

Given Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Chosen Name \_\_\_\_\_ Gender \_\_\_\_\_ Pronouns \_\_\_\_\_

How did you hear about me? (Doctor, Internet, friend, 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 \_\_\_\_\_

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**CLIENT INTAKE FORM**

DOCTORS/SPECIALISTS (Primary Care Doctor, 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