Jessica D. Getson, LPC, C-DBT

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 ☐

Cell Phone _____-_____-_____

Home 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 email

_____

Street Address City State Zip

_____

Home Phone Cell Phone Work Phone

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CLIENT INTAKE FORM

DOCTORS and SPECIALISTS (Internist, Psychiatrist, Dietician, Treatment Facility, etc.)

Name Phone

Street Address City State Zip

Would you like for me to collaborate with the above named provider in your care? Yes No
*If you answered yes, you will need to fill out a Release of Information Form

Name Phone

Street Address City State Zip

Would you like for me to collaborate with the above named provider in your care? ◯ Yes ◯ No
*If you answered yes, you will need to fill out a Release of Information Form

READ NEXT SECTION CAREFULLY

If you have any questions or concerns regarding anything listed below or if you have any questions ror concerns egarding any part of the 'Informed Consent & Client Responsibilities' Form, do not sign below and contact me to discuss.

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 marked 'yes' for the purpose of collaborating in your care. (Please complete a Release Form for each provider, if applicable).

Client or Responsible Party Signature (type name if submitting electronically) Date