



## CLIENT INTAKE FORM

**DISCLAIMER:** Thank you for your interest in being a client of Prixelle Health Services. This form is used to collect information about new clients for internal purposes only and to be kept confidential.

### PERSONAL INFORMATION

**Name:** \_\_\_\_\_ **Gender:**  Male  Female  Other

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Ethnicity/Race:** \_\_\_\_\_

**Are you a veteran:** \_\_\_\_\_

### EDUCATION

**School (1<sup>st</sup>):** \_\_\_\_\_ **Course:** \_\_\_\_\_

**Degree:** \_\_\_\_\_ **Year of Graduation:** \_\_\_\_\_

**School (2<sup>nd</sup>):** \_\_\_\_\_ **Course:** \_\_\_\_\_

**Degree:** \_\_\_\_\_ **Year of Graduation:** \_\_\_\_\_

**SERVICE REQUEST**

**What is the reason for seeking our services?**

**How did you hear about us?** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_