

Living Suite

“Achieve optimal balance the healthy way”

Confidential Intake Questionnaire

Name _____ Date _____

Age _____ Date of birth _____

Address _____

Home Phone _____ Work Phone _____ /

Cell _____ Fax _____

Email _____

Referred by _____

Marital/Partner Status: _____

Names and ages of children _____ Step-children?

Occupation _____

Educational level _____

Emergency contact information _____

How would you like me to contact you? May I leave a message?

How do you intend to pay for treatment? Cash, Check
