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INTAKE INFORMATION:

NAME: _____ MALE/FEMALE: _____

DATE OF BIRTH/PLACE: _____ AGE: _____

ADDRESS: _____

TELEPHONE: H: _____ Cell: _____
W/Off: _____ Fax: _____

FOR CONFIDENTIAL MESSAGES: Phone # _____
E-mail: _____

PERSON & PHONE NO. TO CALL IN EMERGENCY: _____

SIGNATURE OF CLIENT OR PARENT/GUARDIAN IF
MINOR: _____

DATE : _____