



28379 Davis Parkway #801 • Warrenville, Illinois 60555 • telephone 312-543-2133
Stacey Hurst, LCPC, ADTR

NEW CLIENT INTAKE FORM

Client Information:

FullName: _____ Date: _____

Address: _____ Date of Birth: _____

City/State/Zip: _____

Home Phone: _____ Cell phone: _____

Work Phone: _____ Email Address: _____

Social Security Number: _____ Marital Status: _____

Employer or School name: _____

Employer Address, city, state, zip: _____

Employed: () Full time () Part time Student: () full time () part time

Occupation: _____ Education: _____

Party Responsible For Payment: (if different from above please fill out entirely)

Name: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Marital Status: _____

Social Security Number: _____

Employer or School Name: _____

Employer Address, city, state, zip: _____

Insurance:

Name, birth date and social security number of insured:

Insurance Company: _____ Telephone: Number: _____

Group and other insurance ID numbers: _____

