



Angela P. Wu, LCSW

TherapistAndCoach.com

(949) 933-9146

Intake Form

Client Information:

Client Name: _____
(first) (middle) (last)

Address: _____
(street) (city) (state) (zip code)

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Put a check (✓) in the box(es) above & below that are okay for me to leave a message on or send email.

How do you prefer to be contacted? What phone # or email address: _____

Date of Birth: _____

Parent Information (Complete this section if client is under 18 years old):

Mother/Father/Legal Guardian: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Who has legal custody? Is it joint legal custody? Do you have a court order or other proof?

Emergency Contact Information

Name: _____ Relationship to Patient: _____

Address: _____ Phone: _____

Insurance Information

Insurance Co.: _____ Policy Holder: _____

Phone: _____ Group #: _____ Policy #: _____

Name of Employer: _____ Address: _____ Phone: _____

(Please note: If you are using insurance for the services, I will need to give information about the client to the insurance co.)

By signing here, I authorize the release of any information necessary to process the insurance claims:

(printed name) (signature) (relationship to client) (date)

General Questions

What are you seeking services for? _____

How long has this been going on? _____

Referred by? How did you hear about this office? _____