

CLIENT INTAKE FORM

Client Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Email: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Phone Number: _____

Insurance Information:

Provider Name: _____

Policy Number: _____

Group Number (if applicable): _____

Medical History and Conditions:

Please list any medical conditions, allergies, medications, or other relevant health information the provider should be aware of. Use additional pages if necessary.

Consent and Authorization:

I hereby authorize the provider and its staff to provide medical care and treatment deemed necessary in the event of an emergency or as part of the services rendered. I acknowledge that I have provided accurate and complete information to the best of my knowledge. I understand that this form is legally binding and enforceable under United States law.

Privacy and Data Use:

I understand the provider's privacy practices and consent to the collection, use, and disclosure of my personal information in accordance with applicable laws and regulations, including HIPAA. I may request a copy of the privacy notice at any time.

Client Signature: _____ Date: _____

Provider Representative Signature: _____ Date: _____

CLIENT SIGNATURE

PROVIDER REPRESENTATIVE SIGNATURE

Signature: _____

Signature: _____

Original source of this document:

<https://docs-professionals.com/printable-client-intake-form-template/>

Did you find this template helpful?

Find more updated templates at:

<https://docs-professionals.com/>

[View more templates](#)

This template is intended exclusively for personal, non-commercial use.
If distributed or published, the source must be mentioned.

This template is provided for guidance only and does not constitute legal advice.
It is recommended to consult a legal professional for each specific case.