



KWTTS's Client Intake Questionnaire

Please fill in the information below and bring it with you to your first session.

Please note: information provided on this form is protected as confidential information.

Personal Information

Name: _____ Date: _____

Parent/Legal Guardian (if under 18): _____

Address: _____

Home Phone: _____ May we leave a message? Yes No

Cell/Work/Other Phone: _____ May we leave a message? Yes No

Email: _____ May we leave a message? Yes No

*Please note: Email correspondence is not considered to be a confidential medium of communication.

DOB: _____ Age: _____ Sexual Orientation: _____

Marital Status:

Never Married Domestic Partnership Married

Separated Divorced Widowed

Referred By (if any): _____

- *Please bring a copy of your ID/and Insurance Cards*

Name of Insurance: _____

Insurance Policy Number: _____

Group Number: _____

Issue Number _____