

Today's Date: _____

MIND-BODY THERAPY INTAKE FORM

CLIENT INFORMATION

Name Associated with Insurance: _____ Duke MRN: _____

Preferred Name: _____ DOB: _____ Age: _____

Gender Associated with Insurance: _____ Preferred Gender: _____

Phone: _____ May we leave you a message? YES NO

Email: _____ May we email you? YES NO

Mailing Address: _____

Insurance Provider: _____ Policy Number: _____

How did you hear about our psychology services? _____

Caroline to complete the following:

1. Have you had any significant head trauma in your life? YES NO
2. Have you every served in the military? YES NO
3. Do you have any children? If yes, please provide their age and gender. YES NO

4. Are you currently married? YES NO