

Basic Intake Information Sheet

Last Name First Name Middle Name

Birthdate Social Security Number Height Weight Gender

Hair Color Eye Color Race Scars, Marks, Tattoos (Describe)

Cell Phone # Alternate # (Name and Relationship)

Single/Widowed/Married/Divorced? Children (#) State & County/ Country you were born in

Full Address (Current Physical Address) City —State —Zip Code

Mailing Address (IF DIFFERENT) City —State —Zip Code

Level of Education (Number of Years Completed) Military Service (If yes, what branch?)

Employment PLEASE CIRCLE: Employed (Full time or Part time) / Unemployed / Student / Disability / Retired

Location/ Phone #/ Supervisor's Name/ Salary or (hourly rate) / Pay frequency (weekly/bi-weekly)

Driver's License # State Expiration Date Is your license suspended?

Email Address