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 _____