



THE
INTENTIONAL WELLNESS
 Wellness With Intent GROUP

Adult Intake Form

Today's Date _____

Client Name: _____

Date of Birth: _____ Age: _____ Male Female

Diagnosis (if known): _____

Address: _____

City, State, Zip: _____

Home Tel: _____ Cell#: _____

Email: _____

Occupation: _____ Employed Retired Unemployed

Highest grade completed: _____

Marital Status: Single Married Widowed Divorced

If under 18, name of parent/guardian: _____

Name of Spouse or Closest Relative: _____

Permission to Contact: Yes No

Contact Information: _____

Religious Affiliation: _____

How did you hear about us? _____

Family Members in the Home

Name	Age	Gender	Relationship
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____

The Intentional Wellness Group

466 Germantown Pike
 Lafayette Hill, PA 19444

www.myiwgroup.com

Does anyone in your family have a history of mental health concerns or diagnosis?

Insurance Information

Insurance Company: _____ I.D.#: _____

Employer: _____ Group#: _____

Emergency Contact

Name: _____ Relationship: _____

Phone/Address: _____

Person filling out the form: _____

Relationship to the client: _____



THE
INTENTIONAL WELLNESS
Wellness With Intent GROUP

466 Germantown Pike
Lafayette Hill, PA 19444

www.myiwgroup.com