



## CLIENT INTAKE FORM

### Client Name

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth

### Address

\_\_\_\_\_

Street #

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

I give permission to Southeast CFG to leave messages at the following phone numbers:

Home # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

I give permission to Southeast CFG to communicate via unsecured email using the following email address:

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### REFERRED TO SOUTHEAST CHILD & FAMILY GUIDANCE BY:

Dr. \_\_\_ Insurance Plan \_\_\_ Website \_\_\_ Family \_\_\_

Friend \_\_\_ Building is Close to Home/Work \_\_\_

Other \_\_\_ Please Specify: \_\_\_\_\_

I hereby acknowledge that I have received or have been given access to a copy of the Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact the Privacy Officer at 919-855-3000.

\_\_\_\_\_

Client/Guardian Signature

\_\_\_\_\_

Date