

I-System Institute MBB Clinic – Intake Form



Please provide the following information and answer the questions below.

Please bring this completed form with you to your first session.

Demographic Information:

Name: _____
(Last) (First) (MI)

Date of Birth: _____ Age: _____

Gender: _____ Preferred Pronouns: _____
(e.g. male, female, transgender, non-binary, etc.) (e.g. he/him, she/her, they/them, just my name, etc.)

Contact Information:

Address: _____
(Physical) (Mailing if different)

(City/State) (Zip Code)

Primary Phone: _____ May we leave a message? Yes No Text

Email: _____

Guardian Information (if client is under 18):

Name: _____
(Last) (First) (MI)

Consent to Treatment/Assignment of Benefits:

I confirm that I am either the client listed above or the legal guardian of the client listed above. I also consent to a mental health assessment and/or therapy and understand that at any time I can ask questions about treatment.

By signing below, I am acknowledging that I have received, reviewed and agree with the separate Notice of Privacy Practice; I have consented to treatment; and I have been given the opportunity to question any of these policies or laws.

X _____
(Client Signature) (Date)

If Client is a Minor:

As my child is currently under the age of 18, I give permission for my child to fully participate in mental health assessment and therapy. I am also acknowledging receipt of the Notice of Privacy Practices. I have been given the opportunity to question any of these policies or laws.

X _____
(Guardian Signature) (Date)