## **Couples Intake Paperwork - Family Information**

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\*\*This page is to be filled out by one of the partners for information pertinent to the family

Today's Date: (mm/dd/yyyy)			ıt by:		
Names:					
Residential Street Address: Primary Phone #:	Λ.	May I leave a m	essage fo	r you at this number	?
Fmail address:		ls it c	okav to us	e email to contact v	:
Email address: Preferred method of contact: Referral Source:			s to contac	et you if by phone: _	
Emergency Contact Inform	ation				
Emergency Contact Person(s):				Phone #:	
Emergency Contact Person(s) F					
De la constituto de la constitución de la constituc					
Payment Information					
Will you be paying by cash, che					
Do you have out of network insu	irance benefit	ts that might ap	ply Yes	No Unsure	
Please fill out lines for you and y	•	•		_	•
Family Composition Please fill out lines for you and y children where applicable. If you Name	ı are in a bler	nded family, plea	ase includ	_	•
Please fill out lines for you and y children where applicable. If you	ı are in a bler	nded family, plea	ase includ	e ex-partners and s	•
Please fill out lines for you and y children where applicable. If you	ı are in a bler	nded family, plea	ase includ	e ex-partners and s Family Role	•
Please fill out lines for you and y children where applicable. If you	ı are in a bler	nded family, plea	ase includ	e ex-partners and s Family Role  Parent	•
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Please fill out lines for you and y children where applicable. If you <b>Name</b>	Age	Date of Birth	Gender	e ex-partners and s Family Role  Parent	tep-children as well