

ALMA COUNSELING CENTER

109 Fairfield Way, Suite 106 A, Bloomingdale, IL 60108

**Intake Information**

Client's Last Name                      Middle Name                      Last Name  
\_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

DOB: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_ Relation : \_\_\_\_\_

Email: \_\_\_\_\_

**CHILDREN /ADOLESCENTS**

Name of School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Emergency Contact Phone : \_\_\_\_\_ Relationship : \_\_\_\_\_

**Insurance Information**

Last Name of Insured                      First Name of Insured                      Relationship to client  
\_\_\_\_\_

DOB: \_\_\_\_\_

Insurance ID number: \_\_\_\_\_ Group number: \_\_\_\_\_

Insured's Place of Employment: \_\_\_\_\_

Name and phone number of insurance: \_\_\_\_\_

Insurance Address : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip Code : \_\_\_\_\_