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ADULT INTAKE FORM

NAME :	_DATE OF BIRTH:	
HOME ADDRESS:		
CITY:		
POSTAL CODE:		
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PHONES (also check preferred mode of contact	:)	
□ HOME:		
O CELL.:		
□ WORK:		
□ EMAIL:		
PHYSICIAN NAME:	-	
INSURANCE COVERAGE ?		
EMERGENCY CONTACT		
NAME:	PHONE:	
Relationship to client:		
HOW DID YOU FIND ME		○ Friend
□ Web search□ Physician (name)□ Other: (specify)		U FIIeliu
Fan affice was such		
For office use only ☐ Consent to treatment signed		
□ Intake Form		
□ Privacy policy, fees, cancellation policy, limits to□ Survey completed (specify survey:		(form given)