

Intake Date: _____



Pivot Point Counseling, LLC
4C North Avenue, Suite 423, Bel Air, MD 21014

New Patient Intake Form

Name: _____ DOB: _____

Address: _____

	Phone Number	Cell/Home/Work
Primary		
Secondary		

E-Mail Address: _____

Can we send you emails at this email address?
 Yes No

Occupation: _____ Marital Status: _____

What brings you in?

Are you on any medications?

Please complete if Patient is under age 18

School: _____

Primary Caregivers/Other Family:

Name	Relationship	Phone Number