INTAKE FORM

prism
Counseling & Advocacy

PATIENT INFORMATION

NAME		EMAIL	
DATE OF BIRTH		ADDRESS	
PHONE NUMBER		ASSIGNED SEX AT BIRTH	MALE ○ FEMALE ○

SOCIAL LOCATIONS	
GENDER IDENTITY	
PRONOUNS	
SEXUAL ORIENTATION	
RACE | ETHNICITY	
LANGUAGES	
MARITAL STATUS	
RELIGIOUS AFFILIATION	
EMPLOYMENT	

EMERGENCY CONTACT	
CONTACT NAME	
PHONE NUMBER	
RELATIONSHIP TO YOU	

INSURANCE	
INSURANCE COMPANY	
POLICY NUMBER	
GROUP NUMBER	

CONSENT AND SIGNATURE	

contact@prismalbany.org 518-801-2521 10 Colvin Avenue Albany NY 12206