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	
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