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 Conway, AR 72032**

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**Client INTAKE FORM**

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (Please Print)

**CLIENT INFORMATION**

Client's Last Name		First	Middle	Birth Date	Social Security	Age	Sex
_____		_____	_____	____/____/____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
Client's Last Name		First	Middle	Birth Date	Social Security	Age	Sex
_____		_____	_____	____/____/____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
Is this your legal name?		If not, what is your legal name?		Marital Status (Circle One)			
<input type="checkbox"/> Yes <input type="checkbox"/> No		_____		Single    Married    Other    Student			
Street Address		City	State	ZIP Code	Home Phone No.		
_____		_____	_____	_____	(    )		
Mailing Address (if different)		City	State	ZIP Code	Cell Phone No.		
_____		_____	_____	_____	(    )		
Occupation		Employer			Work Phone No.		
_____		_____			(    )		
How did you find us? (Please check one box & list)				<input type="checkbox"/> Church		<input type="checkbox"/> Website	
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Dr.	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Other			
Email Address:				Alternative Email Address:			
_____				_____			

**IN CASE OF EMERGENCY**

Name of Local Friend or Relative (not living at same address)	Relationship to Client	Home Phone No.	Work Phone No.
_____	_____	_____	_____
_____	_____	_____	_____

**PLEASE READ THE FOLLOWING CAREFULLY**

I understand that I am responsible for my fee payment at the beginning of each appointment. I agree to be responsible for the full payment of fees for services rendered regardless of whether insurance reimbursement will be sought. I hereby consent to treatment by specified provider. Although the chances for obtaining my goals for therapy will best be met by adhering to therapeutic suggestions, I understand that I have a right to discontinue or refuse treatment at any time. I understand that I am responsible, however, for any balance due prior to a decision to stop.

X

\_\_\_\_\_  
 CLIENT/GUARDIAN SIGNATURE

Date \_\_\_\_\_

X

\_\_\_\_\_  
 CLIENT/GUARDIAN SIGNATURE

Date \_\_\_\_\_