

## CLIENT INTAKE FORM

Time and Date Angel contacted the Client—Date: \_\_\_\_\_ Time: \_\_\_\_\_

Print Your Name (Angel) \_\_\_\_\_

IF Client Didn't Contact Helpline #... How did they hear about us? \_\_\_\_\_

### **CLIENT INFORMATION NEEDED:**

Client's Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Current Address: Num. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Do you have housing? ☐ Yes ☐ No — If no where do you live? \_\_\_\_\_

Age: \_\_\_\_\_ DOB \_\_\_\_\_

Do you own your own phone? ☐ Yes ☐ No — ☐ Cell or ☐ Smart phone

Contact Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

Do you have access to a computer? ☐ Yes ☐ No — Internet Access? ☐ Yes ☐ No

Do you have a car? ☐ Yes ☐ No — If No, what means of transportation do you use? \_\_\_\_\_

### **GENERAL INFO:**

What is the best time to contact you? \_\_\_\_\_ - ☐ am ☐ pm

How far along are you in your pregnancy? \_\_\_\_\_ months

Have you been to a medical facility? ☐ Yes ☐ No

Do you have a doctor? ☐ Yes ☐ No — Dr. and/or Clinic's Name \_\_\_\_\_

Do you have a Social Services Case Worker? ☐ Yes ☐ No

Do you have other children? ☐ Yes ☐ No

Are you receiving help from your parents, other family members or the baby's Father? ☐ Yes ☐ No

What type of help are you receiving? \_\_\_\_\_

What immediate needs are you concerned about for You & Your baby?

*This Form can be completed and saved in Acrobat reader then attached to an email to be sent.*