CORENRSTONE COUNSELING AND EDUCATION.
859 S. Yellowstone Hwy, Suite 202*Rexburg, Idaho 83440*208-313-7464

LIFESTYLE TRANSFORMATION

INTAKE FORM GROUP_____

Date_____ D.O.B _____ Age _____

Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip_____

Phone No: ☐ Home_____ ☐ Cell _____

Check the box of the phone you prefer if our office needs to contact you.

Occupation _____ Highest Level of Education _____

Emergency Contact _____Phone Number _____

Address _____

City _____ State _____ Zip_____

Relationship _____

Family Physician _____Phone No _____

Address _____

City _____ State _____ Zip_____

In an emergency or concern about your medical health, may we contact your physician? _____

Medical conditions: _____

Please list all medications: _____

_____

_____

Rev. 2013-01 Give at first consult/assessment