

**Kathleen Doherty Robinson PsyD LLC
1720 S. Bellaire Street, Suite 203
Denver, CO 80222**

Initial Intake Form - Adult

Client Information

Name: _____

Date of Birth: _____ - _____ - _____

Social Security #: _____ - _____ - _____

Address: _____

Phone Numbers: Home _____
Work _____
Cell _____
Email _____

Valid Credit Card Information (To be saved / used if payment is not received in a timely manner)

Visa/MasterCard/AmEx # _____

Expiration Date _____

Security Code _____

Billing Address _____

Emergency Contact: _____

Emergency Phone: _____