

# Creative Wellness Institute

1116 23<sup>rd</sup> Street South  
Birmingham, AL 35205

## **STRONG** *Girls* Intake Information Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Currently living with \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_

Legal guardian \_\_\_\_\_ Relationship to client \_\_\_\_\_

Home phone number \_\_\_\_\_ Alternate number \_\_\_\_\_

Address \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Father's name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

### **EMERGENCY INFORMATION**

Emergency Contact \_\_\_\_\_

Relationship to client \_\_\_\_\_ Phone number \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_

Relationship to client \_\_\_\_\_ Phone number \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Hospital Preferred \_\_\_\_\_

Name of Insurance Provider \_\_\_\_\_ Insurance Number \_\_\_\_\_

Group Number \_\_\_\_\_ Allergies (penicillin, etc)? \_\_\_\_\_