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Client Intake & Demographic Form

Please remember to complete and bring this form with you to your first session.

Please note: Information provided on this form is protected as confidential information.

Client's Name: _____

Nickname/Preferred Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Pronouns: _____ Sexual Orientation: _____

You may be used to filling out forms with the options of Male or Female. I am striving to create an inclusive practice that is supportive and affirming to individuals of all gender identities and presentations. Therefore, I am asking you to complete these questions with the way you identify, regardless of how others view and/or categorize you. If you are uncomfortable completing this information, please feel free to leave it blank and we can discuss it later.

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell/Work/Other Phone: _____

Email: _____

Last 4 of Social Security # _____ Email: _____

Parent/Guardian Name (if under 18): _____

Parent Date of Birth: _____ Gender: _____ Employer: _____

Home Address (if different than minor): _____

City: _____ State: _____ Zip: _____ Phone#: _____

Insurance Name: _____ Policy/ID #: _____

Group#: _____ Subscriber Name: _____

Primary Care Physician Name: _____ Phone#: _____

Address: _____ Date of last exam: _____

Emergency Contact Name: _____ Relationship: _____

Phone Number: _____ Email: _____

Client Signature: _____ Date: _____