

# Rowan Therapy Intake - Demographics

Today's Date

Legal Name

First

Last

Preferred Name

Your pronouns

Your Email Address

Phone

I will leave only a brief voice message if you do not answer.

Date of Birth

Sex

Gender Identity

Sexual Orientation

Any additional information you'd like to share

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In the event of a medical emergency, please list the closest hospital and your PCP name and phone number. This information will be used in the event of an emergency only. Your PCP cannot be contacted for shared information without a signed Release of Information (ROI) form:

Nearest Hospital

Primary Care Provider Name

First

Last

Name of Emergency Contact Person

First

Last

Please let your contact know that you have designated them as an emergency contact.

Emergency Contact's Phone

Medical and mental health diagnoses / dates

What medications are you taking and for what conditions?

(Include over-the-counter, non-prescribed medications)

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Back to you now... YOUR Address

Street Address

Address Line 2

City

State/Region/Province

Postal / Zip Code

Country

Relationship Status

If you would like, please describe relationship(s) status further:

Race and Ethnicity

OPTIONAL: Include information about your multiracial / multi-ethnic heritage that you would like to share.

Your Household

Please describe whom you live with (include ages, relationships, and any other info that might be helpful).

Work History

Briefly describe employment history (job, title, how long) for the last 5 years (up to you – but this is not a resume so don't worry... it's helpful to know what you do and have done – oh! include your the work hours for your current job)

Do you identify as disabled? If so, in what way?