



**No Limit Health and Education, Inc.**

**NEW CLIENT INTAKE FORM**

**Client Name:** \_\_\_\_\_

**Zip code:** \_\_\_\_\_

**Preference of Treatment:**

- In-Person
- Teletherapy
- Either

**Phone Number:** \_\_\_\_\_

**Is it okay to leave a voicemail message?**

- Yes
- No

**Email:** \_\_\_\_\_

**Preferred Method on Contact:** \_\_\_\_\_

**Age** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Race** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Spoken Languages** \_\_\_\_\_

**Preferred Language** \_\_\_\_\_

**Availability:** M T W Th Fri Sa Su

**Preferred Session Time:** \_\_\_\_\_

**Other Services Requested:** \_\_\_\_\_

**Notes (Include any counselor preferences):**

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**AUTHORIZED PERSONNEL**

**NO LIMIT STAFF NAME:** \_\_\_\_\_

**DATE OF SUBMISSION:** \_\_\_\_\_

**COMMENTS:**

**Email to:**

**Intake@nolimitempowerment** or **Info@nolimitempowerment.org**

