



Suncoast Psychotherapy & Associates

www.SuncoastPsychotherapy.com

*** Confidential Client Intake Information ***

Date: ___ / ___ / 2023

Therapist Requested: _____

Client Name: _____ Date of Birth: ___ / ___ / ___

Home Address: _____

City/State/Zip Code _____

Cell Phone: _____ - _____ - _____ Can we call or text? Yes / No

Email Address: _____ Is this your private email?

Health Insurance Company: _____

**** Client Health Insurance Medical Card: Text front & back to: (941) 900-8661**

Type of Therapy: Individual: _____ Family: _____ Couples: _____

Brief Reason for Therapy:

Video Invitation Preference: Cell Email

Office Use: First Appointment Scheduled for ___ / ___ / 2023 @ ___ am / pm

Phone: (941) 900-8661 | Fax: (941) 761-6022