# Client Intake Form

Private patient advocacy practice intake and triage.

## Practice information

Practice / business name

Phone / email

Case ID

## A. Client identity

Full legal name *

Preferred name

Date of birth *

Address *

Phone *

Email *

Preferred contact method *

Preferred language

Accessibility needs

## B. Person completing this form

- Self
- Spouse/partner
- Adult child
- Other caregiver

Name

Phone / email

## C. Why you are reaching out

Top priority 1

Top priority 2

Top priority 3

## D. Urgency and safety

Is there an emergency right now?

- Yes
- No

Currently hospitalized?

- Yes
- No

Recent hospitalization / ED visit within last 30 days?

- Yes
- No

Emergency note: this form is not for urgent medical situations. If the client may be in immediate danger, call 911 or go to the nearest emergency department.

# Client Intake Form

Continued

## E. Care situation overview

Primary concerns (brief)

Known diagnoses (optional)

Current care team (clinics / providers)

Health insurance type *

Open issues:

- [ ] Records missing
- [ ] Appointments
- [ ] Specialist referrals
- [ ] Discharge / transition
- [ ] Insurance denial / appeal
- [ ] Bills
- [ ] Caregiver coordination
- [ ] Other

## F. Goals and preferences

What would success in 30 days look like?

What would success in 90 days look like?

Client preferences:

- [ ] Telehealth OK
- [ ] In-person accompaniment desired
- [ ] Remote-only

## G. Authorization readiness

Willing to sign forms so we can request records / speak with providers?

- ○ Yes
- ○ No
- ○ Unsure

If not, do you want records-organization-only services?

- ○ Yes
- ○ No

## H. Administrative

How did you hear about us? (optional)

Deadlines (appeal, appointment, filing)

Anything else we should know? (optional)