



NEW CLIENT INTAKE FORM

Name: _____
(First) (Middle) (Last) (Preferred Name)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____ Email: _____

May we contact you via text message? **Y N** May we leave a voicemail? **Y N** May we email you? **Y N**

Ethnicity: _____ Date of Birth: _____ Age: _____

Employer: _____ Occupation: _____

Are you currently in school? **Y N** Last grade completed: _____ Name of School: _____

How did you hear about Lifeline? _____

Please note: If you do not have medical insurance, a doctor, or a hospital, we can connect you with these resources!

Have you received prenatal care? **Y N** If yes, what is the name of your doctor and their practice

What hospital will you be delivering at (if known)? _____

What is your due date? _____ if not known, how many weeks are you or when was the first day of your last period? _____

Do you have medical insurance? **Y N** If yes, please list type: _____

Marital Status (Circle One): **Single Married Divorced Widowed**

Name of the baby's father (if known): _____ Age: _____ Do you live together? **Y N**

Describe your relationship with the baby's father. Is he aware of this pregnancy?

Is this your first pregnancy? **Y N** If no, please list dates of your last pregnancies and, if applicable, the names and birthdates of other children:

What brought you to contact Lifeline?

Why are you considering adoption? Have you had any past experience with adoption or foster care? If so, please describe.

Which options are you currently considering: **Parenting** **Abortion** **Adoption**

What are your strengths (things you are good at)? What are your needs (or areas where you want to grow)?

Strengths:

Needs:

What does your support system look like right now?

What else would you like to share with your pregnancy counselor? Please list any questions or topics that you would like to discuss:

Client Signature

Date