

Lifeline of Berks County Confidential Patient Intake Form (Male)

Please print clearly.

Contact Information

First Name _____

Last Name _____

Address _____

City, State _____

Zip _____

Contact by Mail OK

Cell Phone Number: _____

Landline Phone: _____

Other Phone (please specify): _____

Email _____

Contact by Phone OK Use Caller ID Block Contact by Email OK Contact by Text OK Leave voicemail OK

Today's Visit was: Appointment Walk-in

Age _____ Birth Date (mm/dd/yyyy) _____

Demographic Information

Please check only ONE for each of the following, unless otherwise noted:

Race:

African American Caucasian Hispanic/Latin American Other
 Asian/Pacific East Indian Native American Unknown

Marital Status:

Divorced Married Single Widowed
 Engaged Separated Unknown

Education (Check current level): Middle school High School College Not a student

Primary Language _____

How did you hear about us? _____

Income Source:

\$0 not dependent Dependent TANF/SSI Unknown
 Child Support Employed Unemployed

Place of Employment: _____

Income Level: \$0 - \$14K \$15K - \$29K \$30K - \$44K \$44K-\$59 \$60K+

Living arrangements:

Alone or with children Father Mother Unknown
 Girlfriend Friends or relatives Parents