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Profile Information — Step 1 of 2

You are completing the following intake forms: General Intake form

Please take a moment to fill out the general intake forms before your visit. All information is kept completely confidential. If you are unable to complete the forms please contact the office for assistance. Thank you.

First Name – Required

Last Name – Required

Preferred Name (if different) 

Prefix / Title

Email – Required

Mobile Phone – Required

Please provide at least one phone number. Your mobile number can be used to look up your Account and receive text message appointment reminders.

Home Phone – Required

Country – Required

Street Address – Required

Suite Number (i.e. Suite #100)

City – Required

State – Required

Postal / Zip – Required

Date of Birth – Required

Sex – Required

This field may be used for submitting claims to your insurance provider. Please ensure the sex you provide here matches what your insurance provider has on file.

Guardian

Emergency Contact – Required

Emergency Contact Phone – Required

Emergency Contact Relationship – Required

Occupation – Required

How did you hear about us? – Required

How did you hear about us?

Please check that all required questions have been answered.

Consents — Step 2 of 2

You are completing the following intake forms: *General Intake form*

Email Communication

Transactional Emails

You can opt to receive emails to keep you informed of new bookings, changes to your bookings, and reminders for upcoming appointments.

- I would like email notifications of new, cancelled, and rescheduled appointments
- Text Message (SMS) 12 hours before appointment
- Email 24 hours before appointment
- Email 7 days before appointment

News and Special Promotions

- Yes, I would like to receive news and special updates by email

Signature

Draw

Type

x

Submit Intake Form

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