



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.

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

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

**Strengths:**

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**Needs:**

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What does your support system look like right now?

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

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\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date