Lilly of the Valley Consulting Solutions

"Lifting Lives One Soul at a Time"

Roslyn Simon

Founder & Executive Director

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Website: www.lillyofthevalleycs.org EIN: 33-2065265| Founded November 11, 2024

Client Intake Form

Welcome to Lilly of the Valley Consulting Solutions. Please complete all sections of the form accurately. All information is confidential and protected under HIPPA regulations.

Client information

Full name: _____

Date of Birth: _____

Address: _____

City/State/Zip_____

Phone Number: _____

Email Address: _____

Emergency Contact Name_____

Emergency Contact Phone: _____

Relationship to Client: _____

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Household Information

Please list all members of your household, including yourself:

Name: _____ Relationship_____ Age: __

Name: _____ Relationship_____ Age: __

Name: _____ Relationship_____ Age: __

Name: _____ Relationship_____ Age: __

Name: _____ Relationship_____ Age: __

Name: _____ Relationship_____ Age: __

Name: _____ Relationship_____ Age: __

(Attach additional sheets if more space is needed)

SOCIOECONOMIC/BACKGROUND INFORMATION

Current Employment Status: _____

Employer (if applicable): _____

Marital status: __ Single __ Married __Divorced __Widowed __ Other: _____

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Brief Description of Hardship/Reason for Seeking Services:

_____

_____

_____

_____

_____

INDENTIFICATION VERIFICATION

For all verification purposes, please provide a copy of a government-issued photo ID (front and back). All information will remain confidential and is protected under HIPAA.

Type of ID Provided: _____

Attach Front of ID: _____

Attach Back of ID: _____

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Medical/Wellness Information

Allergies: _____

Current Medications:

_____

_____

Existing Medical Conditions:

_____

_____

Primary Care Provider: _____

Phone: _____

Services Requested

Please check all that apply:

☐ ***Lilly Care Wellness Services***

☐ ***Monthly Women's Talk Group***

☐ ***Outreach/Volunteer Programs***

☐ ***Other (please Specify):*** _____

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Consent & Agreement

__ I understand that the information provided is confidential.

__ I consent to receiving services from Lilly of Valley Consulting Solutions.

__ I acknowledge the HIPAA privacy notice.

Client Signature: _____

Date signed: _____

Staff signature (If applicable): _____

Thank you for completing this intake form. We look forward to supporting you and your household.

Lilly of the Valley Consulting Solutions | EIN: 33-2065265

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For submission of sensitive information, please contact our secure HIPAA line: (415) 891-0121

All information submitted is confidential and HIPAA-protected. Thank you for trusting us with your information.