

# INTAKE FORM FOR ADULTS

Before completing this form, carefully read the Description of Services.

## Step I. Registration Information.

Today's Date: \_\_\_/\_\_\_/\_\_\_

NAME _____	BIRTHDATE _____	AGE _____
ADDRESS _____		
WORK PHONE _____	HOME PHONE _____	
EMAIL ADDRESS: _____		
HOW DID YOU HEAR ABOUT THE DCC? _____		

## Step II. Choose a Service.

<input type="checkbox"/> Academic and Career Guidance	<input type="checkbox"/> Educational Consultation
<input type="checkbox"/> Psycho-educational Evaluation	<input type="checkbox"/> I am not sure which service is most appropriate for me. Please call me.

**Step III. Background Information.** Please answer the questionnaire included in this packet.

**Step IV. Please return the background questionnaire and any additional information to:**

*CTY Diagnostic and Counseling Center  
The Johns Hopkins University  
McAuley Hall  
5801 Smith Ave., Suite 400  
Baltimore, MD 21209*

**Step V. Please return a \$25 nonrefundable registration fee and this form to:**

*M & T Bank, 8<sup>th</sup> Floor  
Lockbox #64459  
1800 Washington Blvd.  
Baltimore, MD 21230*

**We will contact you within approximately two weeks after we have had the opportunity to carefully review this information.**