INTAKE FORM FOR ADULTS

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

Step I. Registration Information. 

NAME __________________________ BIRTHDATE ______ AGE ___

ADDRESS ________________________

WORK PHONE _____________________ HOME PHONE ____________

EMAIL ADDRESS: __________________

HOW DID YOU HEAR ABOUT THE DCC? ___________________________________________________________________

Step II. Choose a Service.

[ ] Academic and Career Guidance [ ] Educational Consultation
[ ] Psycho-educational Evaluation [ ] 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, 8th 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.