



Intake Form Summary

Name: Test User

Date of Birth: 1990-01-01

Intake Date: 2025-02-03

Housing Location: Main House

Email: test@example.com

Insurance Information

Type: Medicare

Policy Number: MED123456

Type: Private

Policy Number: PRV789012

Emergency Contact

Name: Emergency Contact

Relationship: Parent

Phone: 555-555-5555

Legal Status

Jurisdiction: County Court

Other Jurisdiction: State Court

Medications

- Medication 1

- Medication 2
- Medication 3

Consent Signatures

Signature ID: sig_123 - Treatment
Signature ID: sig_124 - Price Consent
Signature ID: sig_125 - Medication
Signature ID: sig_126 - Critical Rules
Signature ID: sig_127 - House Rules
Signature ID: sig_128 - Ethics
Signature ID: sig_129 - Criminal History

I understand that the electronic signatures collected during this intake process are legally binding and equivalent to physical signatures. I acknowledge that these signatures represent my consent and agreement to all terms and conditions presented.

Participant Signature

Date

Witness Signature

Date