

**PIVOT INTAKE
(During Covid19)**

Parent permission if under 18:

Parent name/Guardian:

Relationship:

Phone: Consent form: _____

b. By phone: _____

1. Name:

2. Address:

3. Zip

4. Participant Phone:

5. Primary Phone:

6. Alternate phone and name of owner:

7. Age:

DOB:

Gender:

8. Race:

9. Date of injury:

10. Type of injury:

Gunshot _____

Stab _____

11. Location of injury on the body:

12. Brief description of what happened or what is going on:

13. Education: HS graduate _____

GED _____

No HS/GED _____

Some college _____

14. Insurance: _____