



Gender-Affirming Voice Client Intake Form

Client's Full Name:

Client's Full Legal Name:

Pronouns:

Date of Birth:

Street Address:

Apt/Unit:

City:

State:

Zip Code:

Phone Number:

Email:

Preferred Contact Method:

Emergency Contact Name:



Number:

Relationship:

What are your specific goals for voice training?

By signing below, I agree that all of the above information is correct.
