

CLIENT INTAKE

Date _____

Name _____ Home Phone _____

Address _____

City & State _____ Zip _____

Email _____

Work phone _____ Cell phone _____

May I leave a message at home _____ work _____ cell _____ (Yes or No)

Birthdate _____ Age _____

Occupation _____ Place of employment _____

Referred by _____

List any present or recurring health problems _____

Are you presently on medication? _____ If yes, indicate type _____

If you have had prior counseling, indicate previous therapist(s) and approximate dates attended _____

List family members currently living in household _____

List all children: names and ages _____

Marital status _____ How many years? _____

Spouse/significant other's name _____

Occupation _____ Place of employment _____

Please state briefly why you are entering therapy _____

In case of emergency, contact _____

Contact's phone number _____