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Client Intake Form

Please Print Clearly

Today's date: _____

Name: _____ Birthdate: _____ Age: _____

Name of parent/guardian (if under 18 years): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary phone: _____ May we leave a message? YES NO

Secondary phone: _____ May we leave a message? YES NO

Referred by (if any): _____
If applicable, may we have permission to contact your referral source to thank them for the referral? YES NO

Current marital status:

- Never married
- Domestic Partnership
- Married
- Divorced/Separated
- Widowed
- Other _____

List the persons with whom you are now living, their ages, and their relationship to you: _____

_____

_____

_____

_____

Profession: _____ Employer: _____

Do you enjoy your work? Is there anything stressful about your job? _____

_____

_____

_____

_____

In case of emergency, I give permission to contact:

Name: _____ Relationship: _____

Telephone: (home) _____ (work) _____ (cell) _____

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)?

- No
- Yes, previous therapist/practitioner: _____

Describe any presenting health concerns/illnesses: _____

_____

_____

_____

Are you currently taking any prescribed medication?

- Yes
- No

Please list: _____

_____

_____

_____

When possible, I like to coordinate care with your physician, psychiatrist, or other health care provider. May I have your permission to communicate with your primary care doctor, psychiatrist, or other health care professional?

- Yes
- No

If yes, please initial here: _____ Name of physician: _____

Describe briefly what brings you into counseling: _____

_____

_____

_____

_____

_____

Rate how strongly you want to change your presenting problem(s):

(do not want to change) 1 2 3 4 5 6 7 8 9 10 (desperately want to change)

What are your goals for counseling? What do you wish to accomplish? _____

_____

_____

_____

_____

What specific concerns or anxieties do you have about counseling? _____

_____

_____

_____

_____

Is there anything else you'd like to share with me? _____

_____

_____

_____

_____

_____

Client Signature Date