



**FOR OFFICE USE ONLY**

ASSIGNED TO: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

CLIENT ID: \_\_\_\_\_

# INTAKE FORM

I AM SEEKING: \_\_\_ INDIVIDUAL \_\_\_ COUPLES \_\_\_ GROUP \_\_\_ FAMILY  
ARE YOU REQUIRED BY COURT TO RECEIVE COUNSELING? \_\_\_ YES \_\_\_ NO

**NAME:** \_\_\_\_\_  
LAST FIRST MIDDLE

**DATE OF BIRTH:** \_\_\_\_\_

**MARITAL STATUS:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

**PREFERRED NAME:** \_\_\_\_\_ **PRONOUNS:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
STREET APARTMENT #

\_\_\_\_\_  
CITY STATE ZIP CODE

**PRIMARY PHONE NUMBER:** \_\_\_\_\_

**SECONDARY PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_



CLIENT NAME:	_____
CLIENT ID:	_____
<i>OFFICE USE ONLY</i>	

**EMPLOYMENT**

**STATUS:**    \_\_\_EMPLOYED    \_\_\_FULL-TIME    \_\_\_PART-TIME  
 (check one)    \_\_\_STUDENT    \_\_\_HOMEMAKER    \_\_\_RETIRED    \_\_\_UNEMPLOYED

**JOB TITLE:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**RELATIONSHIP to CLIENT:** \_\_\_\_\_

**MEDICAL**

**PRIMARY CARE PHYSICIAN:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**PSYCHIATRIST:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**PLEASE LIST ANY MEDICAL PROBLEMS:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE LIST ALL MEDICATIONS:**

NAME	DOSAGE	NAME	DOSAGE	NAME	DOSAGE