

**Eve Katz LPC**

**INTAKE FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel. No.: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: female \_\_\_\_\_ male \_\_\_\_\_

Education: \_\_\_\_\_

Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_ Single: \_\_\_\_\_ Partnership: \_\_\_\_\_

Live with: Spouse \_\_\_\_\_ Partner \_\_\_\_\_ Parents \_\_\_\_\_ Children \_\_\_\_\_ Friends \_\_\_\_\_ Alone \_\_\_\_\_

Occupation: \_\_\_\_\_ House per week: \_\_\_\_\_ Retired: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Emergency Contact:

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

How did you hear about me? \_\_\_\_\_

What brings you here? \_\_\_\_\_

What do you hope to accomplish in our time together? \_\_\_\_\_

\_\_\_\_\_

Have you been in therapy before? When? \_\_\_\_\_

Is there anything else you would like to add or comment on? \_\_\_\_\_

\_\_\_\_\_

THANK YOU. I LOOK FORWARD TO WORKING WITH YOU.