

# Intake Form

Welcome! As part of beginning the counseling process, please take a few minutes to fill out this form.

Please fill out this form and bring it to your first session.

1) Name: \_\_\_\_\_ /Birth Date: \_\_\_\_\_  
(Last) (First) (Middle Initial)

2) Name of **spouse/partner if couples counseling**: \_\_\_\_\_ /Birth Date: \_\_\_\_\_  
(Last) (First) (Middle Initial)

1) Age: \_\_\_\_\_ 2) Age: \_\_\_\_\_ 1) Gender:  Male  Female 2) Gender:  Male  Female

Relationship Status:  
 Never Married  Co-Habiting  Married, if so how long \_\_\_\_\_  
 Separated  Divorced  Widowed  Dating

Race/Ethnicity: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street and Number)

\_\_\_\_\_  
(City) (State) (Zip)

Home Phone: \_\_\_\_\_ May we leave a message?  Yes  No

Cell/Other Phone: \_\_\_\_\_ May we leave a message?  Yes  No

E-mail: \_\_\_\_\_ May we email you?  Yes  No

For appointment reminders, may we **call** , **text**  or **email**  you? (mark all that apply).

Referred by (if applicable): \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

What is your relationship to your emergency contact? \_\_\_\_\_

Today's Date \_\_\_\_\_

1. What significant life changes or stressful events have you experienced recently:

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3. What do you consider to be some of your strengths?

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4. What do you consider to be some of your weaknesses?

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5. What would you like to accomplish during your time in therapy?

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