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Client Intake Form

Name of client: _____Birth Date: _____/_____/_____ Age: _____

Address: _____

_____

Responsible Party: _____Social Security #_____-_____-_____

Occupation: _____Employer: _____

Address: _____

_____

Preferred Phone: _____ May I leave a message with someone or on a Voicemail for this number? Y N

Secondary Phone: _____ May I leave a message with someone or Voicemail for this number? Y N

Emergency Contact Name: _____Relationship: _____

Phone Number(s) _____ _____

Referred by: _____

Work Phone: _____
May I leave a message with someone or
Voicemail for this number? Y N

Relationship Status:
_____ Married _____ Single _____Dating _____Cohabitating
_____Widowed _____ Civil Union _____ Separated _____ Divorced _____ Other

Please list each person currently living in your household:

Name	Age	Relationship

Please list other family members not currently living in your household but who play a significant role in your life (e.g. partner, child, parent, grandparent):

Name	Age	Relationship

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.) Yes No
If yes, please describe type, duration and reason for seeking services.

Have you been given any prior psychological diagnoses? Yes No
If Yes, what were they, and when:

Are you in danger of abuse, suicide or homicide? Yes No
If yes, Please describe your concerns:

Are you currently talking any prescription medications Yes No
If yes, please list medications and conditions for which they are prescribed to treat:

Do you drink alcohol? Yes No
If yes, how much and how often_____

Do you use recreational drugs? Yes No
If yes, which drugs and how often?
_____
_____

Do have any health problems or concerns? Yes No
If yes, please describe type and duration:

Have you had physical within the last year? Yes No
Please provide your Physician's name and address:

_____

Do you regularly engage in exercise? Yes No
If Yes, How many days per week (average)? _____

Do you consider yourself spiritual or religious? Yes No
If so, feel free to describe your faith or belief:

Please provide a brief description of the issue(s) that have prompted your seeking therapy at this time: