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Client Intake Form

Client Name: _____ **Today's Date:** _____
Address: _____
Preferred Phone: _____ **Cell? Home? Work? May I leave a message?** _____
Email Address: _____ **Birth Date:** _____
Sex: Male Female **Occupation:** _____ **Employer:** _____
List present or previous health problems: _____

List any medications you are currently taking: _____

Spouse Name: _____
Address if different than above: _____
Preferred Phone: _____ **Cell? Home? Work? May I leave a message?** _____
Email Address: _____ **Birth Date:** _____
Sex: Male Female **Occupation:** _____ **Employer:** _____
List present or previous health problems: _____

List any medications you are currently taking: _____

Children:

Name: _____	Birth Date: _____	Lives with you? _____
Name: _____	Birth Date: _____	Lives with you? _____
Name: _____	Birth Date: _____	Lives with you? _____
Name: _____	Birth Date: _____	Lives with you? _____
Name: _____	Birth Date: _____	Lives with you? _____
Name: _____	Birth Date: _____	Lives with you? _____

What do you hope to change or accomplish by seeking help at this time? (use back of form if needed): _____

List any agencies or other professionals who have provided you mental health services in the past. (use back of form if needed): _____

Signature: _____

Signature (spouse): _____