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NEW CLIENT INTAKE FORM

Welcome to Visualize Your Life Counseling. So that I may assist you better, please complete the following information.

Date: \_\_\_\_\_ How were you referred you to us? \_\_\_\_\_

(#1) Client name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

(#2) Client name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zipcode \_\_\_\_\_

(#1) Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

(#2) Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Other \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_ phone \_\_\_\_\_

Can we identify ourselves as counselors from VYLC Counseling? \_\_\_\_ yes \_\_\_\_ no

Explanation if needed: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Please list medications currently taking (including supplements)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Counseling? \_\_\_\_ yes \_\_\_\_ no When? \_\_\_\_\_

Have you ever seen a therapist at Visualize Your Life Counseling? \_\_\_\_ yes \_\_\_\_ no Therapist's Name

\_\_\_\_\_

Please briefly explain your need for counseling now \_\_\_\_\_

\_\_\_\_\_

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Therapist: \_\_\_\_\_