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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 _____

Therapist: _____