

# Jessica Henderson & Associates Counseling Center

## CLIENT INTAKE FORM

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ (W) \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ SS# \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

REFERRED BY \_\_\_\_\_

REASON FOR CONSULTATION \_\_\_\_\_

EMERGENCY NUMBER \_\_\_\_\_

EMPLOYER \_\_\_\_\_

PRIMARY CARE PHYSICIAN \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

INSURANCE NAME \_\_\_\_\_ MEMBER NUMBER \_\_\_\_\_

GROUP NUMBER \_\_\_\_\_

***If client is a minor or student, please complete the following.***

Parent's Marital Status \_\_\_\_\_ Date of Marriage/Separation/Divorce \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Employer & Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer & Address \_\_\_\_\_

If you are unable to keep appointment, kindly give 24 hours notice or you will be charged for the appointment.

Signature \_\_\_\_\_

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