

Client Information

Intake Date: _____

Client Information	Name _____ <input type="checkbox"/> F <input type="checkbox"/> M D.O.B. _____ Age: _____ Address _____ City _____ Zip _____ Phone # _____ Email: _____ Ethnicity: _____ Important Counseling Factor? <input type="checkbox"/> Yes <input type="checkbox"/> No Religion, if important Counseling Factor? _____												
Gen. Information Significant Other Family & Close Friends	<input type="checkbox"/> Married <input type="checkbox"/> Signif. Other (Name): _____ How long? _____ Others in the home: _____												
For Emergency:	Name/Relationship _____ Phone _____												
Previous Diagnosis Medical Information and Treatment	Current Diagnoses/Conditions: _____ _____ <table border="1" data-bbox="326 911 1370 1062"> <thead> <tr> <th>Current Medications</th> <th>Amount Prescribed</th> <th>For the following Condition</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> Are you under a Physician's or Psychiatrist's Care? <input type="checkbox"/> Yes <input type="checkbox"/> No Doctor Name(s): _____ Phone # _____ Ok to contact this doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____	Current Medications	Amount Prescribed	For the following Condition	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____											
_____	_____	_____											
About Therapy	Previous Counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No Where (city): _____ How was your experience: <input type="checkbox"/> Good, I was happy with the results <input type="checkbox"/> I went only for a short time and left <input type="checkbox"/> Disappointing. Reason: _____ _____												
	<p style="text-align: center;">Feelings (range) in going to Mental Health Therapist:</p> <table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 20%;">Ready for change Let's go for it!</td> <td style="width: 20%;">/growth</td> <td style="width: 40%;">A lot will depend on how much I feel I can trust the therapist</td> <td style="width: 20%;">I'm not happy about it at all, but hope to be proven wrong</td> </tr> <tr> <td colspan="4"> </td> </tr> <tr> <td></td> <td style="width: 20%;">I'm ready and determined to stick with it in order to feel better in the long run</td> <td style="width: 40%;"></td> <td style="width: 20%;">I'm skeptical by nature but am willing to commit to at least a few weeks</td> </tr> </table>	Ready for change Let's go for it!	/growth	A lot will depend on how much I feel I can trust the therapist	I'm not happy about it at all, but hope to be proven wrong						I'm ready and determined to stick with it in order to feel better in the long run		I'm skeptical by nature but am willing to commit to at least a few weeks
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