



Maryville, TN
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Intake Inventory
(Adult Form – To be completed by the attending individual)

Personal Data:

Name: _____ Age: _____

Marital Status: Single Married Divorced Widowed Other

Cell Phone: _____ May we call this number? Yes No

Home Phone: _____ May we call this number? Yes No

Business Phone: _____ May we call this number? Yes No

Street Address: _____ City: _____ Zip: _____

Mailing Address (If different from above) _____

May we mail correspondence and billing information to the above address? Yes No

Occupation: _____

Family Data (If applicable)

Spouse Name: _____ Age: _____

Children (If applicable, please list below):

Name	Age	Place of Residence
_____	_____	_____
_____	_____	_____

Children (continued)

Briefly, please answer the following questions:

What are the main problems, as you see them, which bring you here?

What have you attempted to do about them?

Do you want counseling from a biblical, Christian perspective?

Have you ever thought about suicide? Yes No

If yes, please explain:

Please list any medications you are currently on and any physicians you are currently seeing: