



Maryville, TN 37803
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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?

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: