



Client Intake Form

Date

Full Name

Therapist Name

Client Information

Home Phone

Cell Phone

Email Address

Service Type:

☐ Domestic Violence Program

☐ Substance Abuse Program

☐ Anger Management Program

☐ Parenting Program

☐ Individual Counseling

☐ Substance Abuse Evaluation

☐ Mental Health Evaluation

☐ Other

Other, specify here:

Who Referred You?

☐ Advocate DUI

☐ Metro Traffic DUI

☐ Advocate DV Unit

☐ Department of Corrections

☐ DCF

☐ - CFCE

☐ - Child Net

☐ - FRC

☐ - CHS

☐ Broward

☐ Out of Town

☐ Self

Other, specify here:



Participation in Virtual Services

I am willing to participate in virtual services:

Services I am willing to receive:

Please Choose

- ☐ Virtual Group Therapy
- ☐ Virtual Individual Sessions
- ☐ I am not willing to participate in any virtual services

What device do you have in order to participate in virtual therapy?

- ☐ Iphone or Ipad
- ☐ Android (phone, tablet)
- ☐ Laptop
- ☐ Desktop PC
- ☐ I do not have an electronic device
- ☐ Other

Other, specify here:

I am willing to pay for services via

- ☐ PayPal on Website
- ☐ CashApp
- ☐ Services paid by agency under contract (DOC, SA, Federal, CFCE, FRC)
- ☐ Other

Other, specify here:

Availability

☐ AM

☐ Noon Time

☐ Evening

☐ Saturdays

☐ Other

Other, specify here:

