



## CLIENT INTAKE FORM

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

### **Family Information:**

Marital Status: \_\_\_ Single \_\_\_ Partner \_\_\_ Married \_\_\_ Widowed \_\_\_ Separated \_\_\_ Divorced

Name of spouse/partner: \_\_\_\_\_

Previously married? \_\_\_\_\_ If yes, How long? \_\_\_\_\_

**Children:** (Please bring a copy of the most current custody order or divorce decree, if applicable)

Name	Age	Gender	Grade

### **COUNSELING BACKGROUND**

Have you ever participated in counseling before? \_\_\_\_\_ If yes, please describe:

\_\_\_\_\_

Was this a positive experience for you? \_\_\_\_\_

Have you ever been diagnosed with or treated for any mental health concern? \_\_\_\_\_

If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_



**MEDICAL HISTORY:**

Physician Name: \_\_\_\_\_ Number: \_\_\_\_\_

Physician's address: \_\_\_\_\_

Physician's number: \_\_\_\_\_

List any medications you are currently taking:

Medication	Dose:	Taken for:	Prescribed by:

**Legal Involvement**

Are you required by a court or probation officer to seek counseling at this time? \_\_\_\_\_

Are you involved in any court proceedings? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

What concerns have brought you to counseling? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you hope to gain from counseling? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any other information you would like me to know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_