Mandi Farley, MS, LPC
Psychotherapy and Reiki
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(512) 800-0900

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Client Intake Form

Name of Primary Client:

____
Last *First* *MI*

Client is a(n): ◻ Adult ◻ Minor (10-17 years) ◻ Minor (3-9 years)

Name of Additional Client:

____
Last *First* *MI*

Client is a(n): ◻ Adult ◻ Minor (10-17 years) ◻ Minor (3-9 years)

If Client is a Minor,
Name of Parent Guardian:

____
Last *First* *MI*

Birth Date: _____/______/_________ Age: _________ Gender: ◻ M ◻ F ◻ T ◻ I

Marital Status: ◻ Single ◻ Partnered ◻ Separated ◻ Divorced ◻ Widowed

Physical Address: ____
Street and Number *Apt.*

____
City *State* *Zip Code*

Phone: (H)_________________ (C)__________________ (W)____________________

It is acceptable to leave a confidential message on the following phones: ◻ H ◻ C ◻ W

Email: ____
Please note that communication by email does not ensure confidentiality.

Referred by: ____

What prompted you to seek therapy today?

____

____

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Have you sought therapy for this issue before? ☐ Yes ☐ No

Have you or any of your family members ever experienced any of the following difficulties:

	Yes	No	Self or Family Member(s)?
Alcohol Abuse/Dependency			
Drug Abuse/Dependency			
Depressive Episodes			
Panic Attacks			
History of Childhood Trauma			
Psychiatric Hospitalizations			
Criminal Involvement			
Domestic/Partner Violence			
Suicide Attempts			
Cutting			
Fire-Setting			
Cruelty to Animals			
Latent Bedwetting**			

***Primarily pertains to Minor clients*

*Number of Attempts? ___________ When was the last attempt?________________

Did you receive treatment?____

Are you currently suicidal? ____ Have you felt suicidal within the past 6 months?_____
*(Please be aware that there are limitations to confidentiality in the event that you are assessed to be a danger to yourself or others. This is discussed in detail in the **Informed Consent** paperwork that is required prior to beginning our work together.)*

What would you like to get out of therapy?

____

____

Is there anything else you would like me to know?

____

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