

Travis Christian Counseling

114 East 6<sup>th</sup> Ave

Belton, TX 76513

FAX: 254-613-4381

Phone: 254-421-3896

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**Intake Form**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: H: \_\_\_\_\_ CELL \_\_\_\_\_

MALE/FEMALE: \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

HIGHEST GRADE/DEGREE: \_\_\_\_\_ OCCUPATION \_\_\_\_\_

REFERRAL BY: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ (years): \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_ DOB \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ PHONE \_\_\_\_\_

CHILDREN/STEP/GRAND (names/ages): \_\_\_\_\_

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INSURANCE INFO: Insured's

name \_\_\_\_\_ DOB \_\_\_\_\_ Company \_\_\_\_\_ ID \_\_\_\_\_

\_\_\_\_\_ Group \_\_\_\_\_

PRESENTING PROBLEM: \_\_\_\_\_

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Current medication): \_\_\_\_\_

PAST/PRESENT COUNSELING/PSYCHOTHERAPY/MENTAL HOSPITALS:

\_\_\_\_\_ Approximate Dates \_\_\_\_\_

Initial reason: \_\_\_\_\_

CURRENT DRUG/ALCOHOL USE/ABUSE (any addiction, AA/NA, etc.):

\_\_\_\_\_