

Client Intake Form

Personal Information

Client Name _____ Birth Date _____ SSN _____

Client Name _____ Birth Date _____ SSN _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Marital Status Single Married Separated Divorced Widowed

Others Living At Home
Name _____ Birth Date _____ Relationship To You _____

Name of Closest Friend or Relative _____ Phone Number _____

Account Information

Form Of Payment Cash Insurance (please send a copy of the front and back of your Insurance Card)
 Other _____

History

How Did You Hear About Us? _____ Have You Had Previous Therapy Or Counseling? Yes No

If Yes, Where? _____ When? _____

What Medications Are You Currently Taking? _____

May We Contact The Agency Or Person Who Referred You? Yes No

May We Say Who We Are If We Phone Your Home? Yes No Your Work? Yes No

Briefly, What Is The Major Concern Or Situation That Brings You Here?

Signed _____ Date _____

For Therapist Use Only

Axis I _____ Axis II _____
Axis III _____ Axis IV _____
TX Type _____ Rate _____