

INTAKE FORM FOR GENERAL COUNSELING

Name: _____

Relationship to Child(ren) (If applicable): _____

Parent's name: _____

Birth date: _____ Age: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Contact Phone #: _____ Email: _____

Employer's Name: _____ Work Phone: _____

Level of Education: _____ High School _____ Assoc. _____ Bachelors _____ Masters _____ Above

If applicable:

Marital Status: _____ Length of Marriage: _____ Length of Separation: _____

Date of Divorce: _____ Number of Marriages: _____ Number of Divorces: _____

Referred by: _____

Any special concerns Dr. Baker needs to be made aware of?

Presenting Concerns: _____

List of Current Medications: _____