



New Client Intake Form

Date _____

Client Name _____

Gender _____ Age _____

Birthdate _____ Email Address _____

Preferred Phone No. _____ Ok to leave msg? YES NO

Preferred Method of Communication: Email Phone Text

Home Address _____

City _____ State _____ Zip _____

Client Employed By _____ Occupation _____

Relationship Status _____

Name of Cohabitant/Spouse _____

Spouse Employed By _____ Occupation _____

People Living in Your Home (with ages) _____

Are you or anyone in your immediate family adopted? (Please explain) _____

Client Referred By...

- Google/Yahoo Search
- Psychology Today

o Personal Reference: _____ May we thank this referral? YES

o Professional/Medical Reference : _____ May we thank this referral? YES

Person to Notify in Emergency _____ Telephone No. _____

Name of Physician _____ Telephone No. _____

Describe what brought you to counseling. _____

Have you been to counseling before? Yes No

If yes, please describe when, duration, and what was helpful and/or unhelpful about previous counseling. _____

Please list any medications you take, including dosage and reason for taking. _____

