

# INTAKE FORM

THIS IS A GENERAL FORM USED FOR ALL CLIENTS. PLEASE FILL OUT THE APPROPRIATE AREAS.

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

CLIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PARTNER/SPOUSE NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP

PHONE: PLEASE CHECK THE BEST WAY TO BE CONTACTED

HOME: \_\_\_\_\_ PARTNER/SPOUSE Wk: \_\_\_\_\_

WORK: \_\_\_\_\_ PARTNER/SPOUSE CELL: \_\_\_\_\_

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

E-MAIL: \_\_\_\_\_  
WORK HOME

CLIENT EMPLOYMENT: \_\_\_\_\_

SPOUSE/PARTNER EMPLOYMENT: \_\_\_\_\_

COUPLE STATUS:  MARRIED/SIGNIFICANT OTHER  DIVORCED/RELATIONSHIP DISSOLVED  SINGLE  
 SEPARATED  WIDOWED

PLEASE LIST ANY OTHER FAMILY MEMBERS LIVING IN YOUR HOUSE.

NAME	AGE/DOB	GRADE/OCCUPATION	RELATIONSHIP
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WHAT WOULD YOU SAY IS THE PRESENTING PROBLEM? \_\_\_\_\_

WHAT MEDICATIONS ARE YOU CURRENTLY TAKING? WHAT MEDICATIONS HAVE YOU TAKEN IN THE PAST?

IF YOU TAKE PSYCHIATRIC DRUGS, PLEASE LIST THE NAME OF THE DOCTOR WHO PRESCRIBES YOUR DRUGS AND SIGN THE ATTACHED RELEASE.

PLEASE LIST ANY CHRONIC MEDICAL CONDITIONS

REFERRED BY: \_\_\_\_\_ MAY I THANK THEM FOR THE REFERRAL \_\_\_\_\_