

## 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+4

**\*PHONE: PLEASE CHECK THE BEST WAY TO BE CONTACTED**

CELL: \_\_\_\_\_ PARTNER/SPOUSE Wk: \_\_\_\_\_

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

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

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

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 .

PLEASE LIST ANY CHRONIC MEDICAL CONDITIONS

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