

**Intake Information**  
*Please print clearly*

**Contact Information**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birthday: \_\_\_\_\_ Current Age: \_\_\_\_\_

Emergency Contact Name/Number: \_\_\_\_\_

**Referral Information**

How did you hear about me? \_\_\_\_\_

**Vocational Information**

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

**Educational Information**

Highest grade/degree achieved in school: \_\_\_\_\_

**Medical Information**

Current Medical Problems, if any: \_\_\_\_\_

\_\_\_\_\_

Current Physician: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**Social Relationships**

Religious Affiliation, if any: \_\_\_\_\_

Other social activities (hobbies, organizations): \_\_\_\_\_

**Family:**

Do you have a spouse/partner? \_\_\_\_\_ Name: \_\_\_\_\_

Do you have children or step children? \_\_\_\_\_ List names/ages: \_\_\_\_\_

\_\_\_\_\_

Do you have any siblings? \_\_\_\_\_ List names/ages: \_\_\_\_\_

\_\_\_\_\_

Are your parents (check one) \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated

? Mother deceased (year: \_\_\_\_\_ )

? Father deceased (year: \_\_\_\_\_ )

? Other deaths: \_\_\_\_\_

**Counseling & Therapy:**

Briefly state the issue(s) which brought you here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long has this situation been in existence? \_\_\_\_\_

\_\_\_\_\_

Prior experience with counseling/consultation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_