



Client Intake

Personal Information

Name: _____ Date of Birth: _____ Age: _____

Address: _____

Home Phone: _____

Cell Phone: _____ Email: _____

Preferred method of confidential communication: Phone call Text Email Any

Employer: _____ Occupation: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Current or Chronic Health Problem(s): _____

Current or Recent Medication(s): _____

Medical Doctor: _____ Date of Last Exam: _____

Previous Psychotherapy

1. Therapist _____ Dates: _____ to _____

2. Therapist _____ Dates: _____ to _____

What Brings You

Briefly describe why you are here today (i.e. current problem or situation):

_____ / _____ / _____