

## CLIENT INTAKE FORM

Name: \_\_\_\_\_  
(Last) (First) (Middle initial)

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Other: \_\_\_\_\_

Marital status: \_\_\_\_ Single \_\_\_\_ Partnered \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed

Insurance or Private Pay:

Home address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_

Cell/other: \_\_\_\_\_

Email: \_\_\_\_\_

*\*NOTE: Emails may not be confidential.*

Referred by: \_\_\_\_\_

Are you currently receiving psychological services, professional counseling, psychiatric services, or any other mental health services? Yes No

Reason for change: \_\_\_\_\_

Reason for therapy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_