

## CLIENT INTAKE FORM

Welcome. I would like to make the most of each appointment you have with me. One way of doing this is for you to write down some basic information before our first session. This information is confidential and will only be used for the purpose of starting your file and preparing for our meeting. If you have concerns about the relevance of any information and wish to leave it out, please feel free to do so.

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DATE

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FIRST NAME

LAST NAME

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AGE/DATE OF BIRTH

RELATIONSHIP STATUS

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ADDRESS

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HOME PHONE

WORK PHONE

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CELL PHONE

EMAIL

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IS IT OKAY TO LEAVE A VOICE MESSAGE FOR YOU AT INDICATED NUMBER(S)

IS IT OKAY TO CONTACT YOU VIA EMAIL

YES \_\_\_\_\_ NO \_\_\_\_\_

YES \_\_\_\_\_ NO \_\_\_\_\_

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EMERGENCY CONTACT NAME

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EMERGENCY CONTACT TELEPHONE

EMERGENCY CONTACT RELATIONSHIP

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HIGHEST LEVEL OF EDUCATION

CURRENT CAREER/OCCUPATION

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HOW WERE YOU REFERRED

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## PRESENTING PROBLEM

In your own words, please describe the nature of your concern.

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1. PLEASE EXPLAIN WHAT BRINGS YOU HERE TODAY

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2. HOW LONG HAS THE PROBLEM BEEN GOING ON? IS IT GETTING BETTER OR WORSE NOW? HOW?

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3. HAVE YOU TALKED TO SOMEONE ABOUT IT?

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4. WHAT WOULD BE YOUR GOAL REGARDING YOUR PRESENTING PROBLEM?

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5. IS THERE ANYTHING ELSE YOU WANT ME TO KNOW ABOUT (PERSONAL HISTORY YOU CONSIDER RELEVANT AND/OR MAJOR LIFE EVENTS)?

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