

# INTAKE FORM

Please complete this form and bring it to your first session. Please note that the information you provide here is confidential information.

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

Name of parent/guardian (if under 18 years of age):  
\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

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

(Street and Number)

\_\_\_\_\_  
(City)

(State)

(Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
May we leave a message?  Y  N May we leave a message?  Y  N

E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work #: \_\_\_\_\_  
May we leave a message?  Y  N

Employer: \_\_\_\_\_

Marital Status:  Never Married  Married  Domestic Partnership  
 Separated  Divorced  Widowed

Spouse/Partner's Name: \_\_\_\_\_

Contact in Case of Emergency:

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

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

List Any Children/age: \_\_\_\_\_  
\_\_\_\_\_

Others Living in Home:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

## INTAKE FORM (cont'd)

**Referred by (if applicable):** \_\_\_\_\_

**Reason(s) for Referral:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Have you received any type of mental health services such as psychotherapy or psychiatric services, etc... before?**

**No**

**Yes Name of mental health service provider:** \_\_\_\_\_

**Please list any prescription medication and dosage you are currently taking:**

\_\_\_\_\_  
\_\_\_\_\_

**Have you been prescribed psychiatric medication in the past?  Y  N**

**If so, please list medication and dates taken:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If Student:**

**Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Teacher/advisor:** \_\_\_\_\_

**Date of Initial Appointment:** \_\_\_\_\_