

CONFIDENTIAL INTAKE INFORMATION

Today's Date _____

Name: _____

Address: _____

Phone Numbers:	_____	Home	Okay to call?	Y	N
	_____	Work	Okay to call?	Y	N
	_____	Cell	Okay to call?	Y	N
Email Address:	_____		Okay to contact?	Y	N

Birth Date: _____ Age: _____

Employer: _____ Profession: _____

Other Immediate Family Members:

_____	Age: ___	Relationship? _____	In Home? ___
_____	Age: ___	Relationship? _____	In Home? ___
_____	Age: ___	Relationship? _____	In Home? ___

How were you referred to this office? _____ If referred by another person, do you give permission to thank the referring individual? Yes [] No []

If counseling is for a minor child, what is the legal status of the adult requesting treatment? _____

What causes you to seek counseling at this time? Describe any previous counseling experience, including when, where and with whom, the reason for counseling, what was helpful/not helpful. _____

Describe any medical conditions and medications currently in use.

Emergency Contact: _____