

Client Intake Form

Name: _____ Date: _____

Address: _____

City: _____ Zip: _____

Date of Birth: _____ Current Age: _____

Education:

High School Some College College Degree Grade Level _____

Place of Employment: _____ How long? _____

Marital Status (check all that apply):

Single Married Divorced Remarried Separated Widowed

Family Members:

Name	Age	Relationship	Grade/Occupation	Living with You
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Emergency Contact: _____ Telephone: _____

Reason you are seeking counseling:

How did you learn about my services?

Website Psychology Today Friend/Family Referral: _____