

### Client Intake Form

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Client 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 who live with you:

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

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Reason you are seeking counseling:

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

How did you learn about my services?

Website     Psychology Today     Friend/Family     Referral: \_\_\_\_\_

Other: \_\_\_\_\_