New Client Intake Form—Adult

Today's Date ______/______/______

CLIENT INFORMATION

Last Name	First	Middle Initial	Gender	Newsletter Signup ☐ Yes ☐ No
Date of Birth	Age	Email Address		
Street Address		City	State	Zip Code
Preferred Contact Number ( )	Home ☐ Cell ☐ Work ☐	Ok to Leave Message? ☐ Yes ☐ No	Preferred Method of Communication ☐ Email ☐ Phone ☐ Text	
Occupation		Employer		
Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Cohabitant		Name of Spouse/Cohabitant		
Spouse/Cohabitant Occupation		Spouse/Cohabitant Employer		

Client Referred By:

☐ Internet Search ☐ Psychology Today ☐ Social Media ☐ Personal Reference:

☐ Professional/Medical Reference: (May we thank this referral?) ☐ Yes ☐ No

Additional People Living in Home (Include Ages)

EMERGENCY CONTACT INFORMATION

Name	Relationship to Client	Phone Number
Client's Physician (Include Address)		Physician's Phone Number

Please describe what brought you to counseling.

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Have you been to counseling before? ☐ Yes ☐ No

If yes, please describe when, duration, and what was helpful and/or unhelpful about previous counseling.

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Please list <u>ALL</u> medications you take, including dosage and reason for taking.

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