

CONFIDENTIAL INTAKE INFORMATION

Today's Date _____

Name: _____

Address: _____

Preferred Phone Number: _____ Okay to call/text? 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 []

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.

How do you rate your current Quality of Life if 1 is poor and 10 is excellent? _____

Emergency Contact: _____