

**Sabrena Swain, M.A., MFT**  
Licensed Marriage & Family Therapist  
License # MFC 42517

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**Please fill out the following intake information as completely as possible. Thank you.**

**Client:** \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Spouse/Parent:** \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**If additional space for a parent is needed see page 3.**

Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Date \_\_\_\_\_

Employer: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

Insurance/Employee Asst. Program: \_\_\_\_\_

Insurance I.D. # \_\_\_\_\_ Group # \_\_\_\_\_

Subscriber SS # \_\_\_\_\_

Secondary Ins: \_\_\_\_\_

Insurance I.D. # \_\_\_\_\_ Group # \_\_\_\_\_

Subscriber SS # \_\_\_\_\_

Emergency Contact (Name/Phone #) \_\_\_\_\_

Children      Full Name      Age      Living at home? (Y/N)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

How were you referred to me? \_\_\_\_\_

Reason for seeking counseling today

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

Any previous counseling? (Who? When? How long? Outcome)

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

Currently or previously are there any alcohol or substance issues/concerns:

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

Have you suffered any abuse? (Sexual – Physical – Emotional/Verbal)

\_\_\_\_\_

Medical Conditions (history, current condition, changes in condition):

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

Current Medications (dosage, dates of initial prescriptions):

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

Any religious affiliation? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_ **Age:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_