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

Client: _____ Birth date: _____ Age: _____

Spouse/Parent: _____ Birth date: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____

Parent: _____ Birth date: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____

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 #) _____

<u>Children</u>	<u>Full Name</u>	<u>Age</u>	<u>Living at home? (Y/N)</u>
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? _____

Client's signature: _____ Date: _____

Client's signature: _____ Date: _____