



LOVING FAMILIES

## CLIENT INTAKE FORM

---

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

CELL \_\_\_\_\_

SPECIFY YOUR VISIT:    INDIVIDUAL SESSION    COUPLE SESSION    FAMILY SESSION

MARTIAL STATUS:    SINGLE    MARRIED    DIVORCED    SEPARATED    WINDOWED

DOB \_\_\_\_\_    AGE \_\_\_\_\_

WHOM SHOULD I THANK FOR YOUR REFERRAL? \_\_\_\_\_

CHILDREN?    YES    NO

NAMES & AGES    \_\_\_\_\_    \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DO YOU WORK?    YES    NO

OCCUPATION \_\_\_\_\_

IS IT OK TO CALL YOU AT WORK?    YES    NO

WORK TELEPHONE \_\_\_\_\_

WHAT ARE YOU LOOKING TO ACCOMPLISH FORM OUR SESSION?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT IS YOUR SHORT TERM  
GOAL? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN TO A THERAPIST/PSYCHOLOGIST/PSYCHIATRIST BEFORE? YES NO

IF YES FOR WHAT REASON? \_\_\_\_\_

NAME \_\_\_\_\_

TELEPHONE \_\_\_\_\_

IS IT OK TO CONTACT HIM/HER? YES NO

ARE YOU PRESENTLY TAKING ANY MEDICATIONS? YES NO

IF YES, PLEASE LIST AND FOR HOW  
LONG? \_\_\_\_\_

\_\_\_\_\_

BEFORE WE BEGIN, IS THERE ANYTHING ELSE I SHOULD KNOW THAT MIGHT AFFECT OUR  
THEREAPY TOGETHER?

\_\_\_\_\_

\_\_\_\_\_