



Intake Form

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

SOC.SEC.# \_\_\_\_\_ DRIVER'S LIC.# \_\_\_\_\_

PRIMARY LANGUAGE \_\_\_\_\_ ETHNICITY \_\_\_\_\_

HOME PHONE(\_\_\_\_\_) \_\_\_\_\_ CELL PHONE(\_\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

BUSINESS PHONE(\_\_\_\_\_) \_\_\_\_\_ NAME OF EMPLOYER \_\_\_\_\_

OCCUPATION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

EDUCATION/DEGREE \_\_\_\_\_

MARITAL STATUS S M Sep D NAME & AGE OF CHILDREN \_\_\_\_\_

CURRENT LIVING SITUATION \_\_\_\_\_

DESCRIBE ANY HEALTH PROBLEMS \_\_\_\_\_

MEDICATIONS YOU TAKE & DOSAGE \_\_\_\_\_

DOCTOR'S NAME & PHONE NUMBER \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

IN YOUR FAMILY, INCLUDING YOURSELF, WAS THERE:

ALCOHOLISM? YES/NO FATHER/MOTHER/SIBLINGS/SELF HOW LONG? \_\_\_\_\_

RESOLVED? \_\_\_\_\_

SUBSTANCE ABUSE? YES/NO FATHER/MOTHER/SIBLINGS/SELF HOW LONG? \_\_\_\_\_

RESOLVED? \_\_\_\_\_

MENTAL ILLNESS? YES/NO FATHER/MOTHER/SIBLINGS/SELF HOW LONG? \_\_\_\_\_

RESOLVED? \_\_\_\_\_

SERIOUS ILLNESS? YES/NO FATHER/MOTHER/SIBLINGS/SELF HOW LONG? \_\_\_\_\_

RESOLVED? \_\_\_\_\_

EMERGENCY CONTACT NAME/RELATIONSHIP \_\_\_\_\_

EMERGENCY CONTACT PHONE(\_\_\_\_\_) \_\_\_\_\_

IF THE CLIENT IS A MINOR, WHO IS THE LEGAL GUARDIAN? \_\_\_\_\_

HOW DID YOU HEAR ABOUT MY SERVICES? \_\_\_\_\_

PLEASE SIGN BELOW TO INDICATE THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT:

CLIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_