

INDIVIDUAL INTAKE FORM

PART 1: CONTACT INFO

Name: _____

INTRODUCTION: *If you're uncomfortable answering any question or prefer not to answer a question, please leave the field blank. Please print using **UPPER CASE**.*

First Name Last Name

Home Address: _____

Number & Street Name City Postal Code

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Skype (for video sessions): _____

Emergency Contact Person: _____ Phone: _____

PART 2: PERSONAL INFO

Gender: Male Female Age: _____ D.O.B.: _____

MM.DD.YY

Status: Single Married Engaged Living Together Separated
 Divorce Other

PART 3: EMPLOYMENT INFO

Status: Full time Part-time Self-Employed Unemployed

Student Retired Other

Job: _____

PART 4: REFERRAL INFO

Referral Source: _____

PART 5: REASON FOR SEEKING COUNSEL

Issue(s) You Want Help With:

When Did This Problem Start? _____

PART 6: COUNSELING EXPERIENCE

Prior Counseling: No (skip ahead) Yes (see below)

If "YES", For What Reason?

How Long? _____ Outcome: No effect Helped a little
 Helped a lot

PART 7: MEDICAL INFO

General Health: Excellent Good Acceptable Poor

Under Doctor's Care (for any reason)? No (skip ahead) Yes (see below)

Condition(s) or Reason(s):

Medications (Drug Name & Dosage):

Physician's Name:

OTHER INFO

Is there anything else that would be good for me to know in order to better understand you before we begin working together?
