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CLIENT INTAKE FORM

Name of client _____ Date _____

Home address _____

Work phone _____ Home phone _____

Cell phone _____ E-mail _____

Date of Birth _____ Current age _____

Marital Status: S M D SEP. WID.

Who referred you? _____

Occupation (of parents if client under 18) _____

Employer / School _____

Names & ages of immediate family members _____

If any previous psychological services, when, for what, with whom, and how long _____

Current or past psychiatric medication _____

Reason(s) for Seeking Therapy: _____

Emergency Contact (Name, Relationship, Address, Phone #) _____

Confidentiality and Intake Forms Returned: Y / N