



## NEW CLIENT INTAKE FORM Adult / Couple

**PERSON INITIATING THERAPY:**

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Number Preferred? Home or Cell

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

-Married -Single -Separated -Divorced -Committed Relationship

Spouse/Significant Other's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of current marriage: \_\_\_\_\_

Previous marriage(s) for self? How many? \_\_\_\_\_ Duration of each: \_\_\_\_\_  
for spouse? How many? \_\_\_\_\_ Duration of each: \_\_\_\_\_

Others living at home with you:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_ Grade: \_\_\_\_\_

Brief description of why you are seeking help: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**EMPLOYMENT / EDUCATION:**

Employer/Occupation (self): \_\_\_\_\_

Education/Degree (self): \_\_\_\_\_

Employer/Occupation (partner): \_\_\_\_\_

Education/Degree (partner): \_\_\_\_\_

**HEALTH INFORMATION:**

Have you seen a therapist before? YES or NO

Brief description of reason and duration? \_\_\_\_\_

\_\_\_\_\_

List any significant health problems and/or pertinent medications:

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT** (name/phone/relationship):

\_\_\_\_\_

**Any other information that you would like me to know:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who referred you to me? \_\_\_\_\_