

Client Intake

(To be filled out by client prior to the initial session)

Date: _____	Referral Source: _____
Name: _____ _____ Last First, MI	D.O.B. _____ SSN- (for insurance/billing purposes) _____
Address: _____ (House # & Street) _____ (City) (State) (Zip) Phone: _____ : _____ _____ (Primary) (Secondary)	E-mail Address:
Ethnic Group _____ Religious Affil _____	Emer. Contact # Relationship:
Personal Information:	
Marital Status- ___ M ___ S ___ D ___ W ___ Single	Previous Divorce?
Highest Level of Education Completed- _____	Occupation:
Current Employer (or School): _____	Address: _____

Medical Information:	
Primary Physician:_____	Address:_____
Phone:_____	Date of Last Exam:
	Outcome of Exam:
Illnesses/Conditions (please include any psychiatric diagnoses):	
Medications currently taking (please include dosages):	
Allergies:_____	
Billing Information:	
Who is responsible for payment of fees?	
Address if different from above:	
Health Insurance Information:	
Primary Insurance Company Name:_____	DoB of Policy Holder:_____
Name of Policy Holder:_____	Employer-_____
Policy Holder's S.S #:_____	Group #_____
Policy Number:_____	Client's Relation to Policy Holder
Pre- Authorization needed? _____ Authorization # _____	_____
Secondary Insurance Company if any:	

*Please bring your insurance card and driver's license for us to photocopy

Please describe briefly your reason for seeking services at this time:

When did this situation begin?

Have you previously sought out/received mental health services (e.g. psychotherapy, psychotropic medication, etc.)

From Whom?

Briefly describe that experience

Any family history of

Mental Illness **Substance Abuse (including alcohol)** **Sexual Abuse**

Family violence **Other problem behavior**

Your history of use of substances including alcohol :

Developmental History

(Ex. Were you walking on time, talking, etc.?)

Social History

(Ex. Friends and close relationships during the course of your life)

Educational History

(Ex. History of academic problems or being left back)

Employment History

(Ex. How many times have you changed jobs since first being employed?)

Legal History

(Ex. Have you ever been arrested? Do you have any current legal matters pending?)

Spiritual/ Religious History- (Ex. What was your religious affiliation growing up?)

Please include church attendance and participation

Your goals for therapy: What would you like your therapist to help you accomplish?