

New Client Intake Form

Demographics

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____ Method of contact: Phone or Email

(circle one) Age: _____ Gender: _____ DOB: _____

Race: _____ Religious Affiliation: _____

Employer: _____ Occupation: _____

Marital Status: Single Married (_____ years married)

Divorced Widowed (circle one) Children:

Name Age

Referred by: _____

☐ Therapist ☐ Church ☐ Physician ☐ Agency ☐ Friend ☐ Internet

Emergency Contact Name: _____

Relationship: _____ Phone Number: _____

Previous Counseling

Have you had any previous counseling? ☐ Yes ☐ No

Name of therapist: _____ Date of counseling: _____

Would you be willing to sign a release of information to talk with previous counselor?

☐ Yes ☐ No

Medical/Mental Health Information

Physician: _____ Location: _____

Are you currently taking medication for a mental or emotional condition? ☐Yes ☐No

Please list conditions and medications: _____

Have you ever been hospitalized for a mental or emotional condition? ☐Yes ☐No

If so, please list where and when: _____

Current medical health problems and medications: _____

Are you on disability? ☐ Yes ☐No If yes, please describe: _____

Do you currently use: ☐Alcohol or ☐Drugs

Never Rarely Socially Frequently Daily (circle one)

Are you in treatment (such as outpatient) or utilizing support groups (such as AA)?

☐Yes ☐No

If yes, please describe: _____

What types of self-care practices have been helpful to you in the past when dealing with difficult situations?

These may be things you learned from previous therapy or discovered on your own. Examples: journaling, exercising, workbooks, prayer, support groups

What are some of your hobbies/interests? _____

Reasons for Seeking Counseling

In a few words, what do you think therapy is all about? _____

How long do you think therapy should last? _____

How long are you able to commit to therapy? _____

What personal qualities do you think the ideal therapist should possess?

Client Signature: _____ Date: _____