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## INTAKE FOR ADULT THERAPY OR CONSULTATION

Today's Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Apt./Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone Contact Number \_\_\_\_\_ This number is: H \_\_\_ Cell \_\_\_ Work \_\_\_

Alternative Phone Number \_\_\_\_\_ This number is: H \_\_\_ Cell \_\_\_ Work \_\_\_

Email Address \_\_\_\_\_ Secondary Email Address (if any) \_\_\_\_\_

Occupation \_\_\_\_\_

Education \_\_\_\_\_ Marital Status \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Relationship to Client \_\_\_\_\_

Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Way(s) to Reach Them \_\_\_\_\_

Others Living in Household: (use back if necessary)

Name	Age	Sex	Relation to Client
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Primary Concern: \_\_\_\_\_

Current Medications (if any) \_\_\_\_\_

Prescribing Physician \_\_\_\_\_

How did you hear about us? \_\_\_\_\_