



Client Intake Form

Name: _____

Date: _____

Home Address: _____

Email Address: _____

Home Phone: () _____ OK to leave message? Y N

Work Phone: () _____ OK to leave message? Y N

Mobile Phone: () _____ OK to leave message? Y N

Date of Birth: _____/_____/_____ Age: _____

Employment Status: Full time Part time Not employed

Employer: _____

Occupation: _____

Student: Yes No Year/Class _____ School _____

Relationship Status: Single Partnered/Married Separated Divorced Widowed

How did you hear about me?: Internet Search Yellow Pages Referred by: _____ Other: _____



Please list all known medical conditions:

Medical Conditions:

Please list all current medications:

Medications:

Briefly describe your reasons for seeking therapy.

Reason for Therapy:

Confidentiality Statement

What we discuss in therapy is confidential. This means that what you say will not be talked about with anyone else. There are, however, four exceptions to this, which are: 1) If you are in danger to yourself (suicidal), or 2) If you are a danger to others. In these first two cases it is mandated by law that I take steps to ensure your safety and the safety of others. 3) If you disclose the identity of a minor who has ever been abused physically, sexually, or mentally, I am legally bound to disclose this information to the Department of Family and Child Services (DFACS), and 4) If you are involved in a legal matter, I may be required to comply with the demands of the court. This may entail releases treatment records to the court.

