**INTAKE INFORMATION**

Date:_____

| Client Name: (Last-First-MI) | Sex | Date of Birth | Age | Social Security # |
|---|---|---|---|---|
| Address (Street-City-State-Zip) | | □ Single □ Married □ Divorced □ Widowed □ Separated | | |
| | | Home Phone Number ( )- | | Work or School Phone ( )- |
| Name of Employer or School | | | | Education Level |
| Employer or School Address (Street-City-State-Zip) | | | | Occupation |

List of Persons With Whom Client is Living

| Name | Relationship | Age | Education Level or Occupation | Physical and Emotional Health |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

List of Persons Whom Therapist May Contact

| | Name | Address | Phone |
|---|---|---|---|
| Referred By | | | ( )- |
| Physician | | | ( )- |
| Psychiatrist | | | ( )- |

**In Case of Emergency:**
Contact Person(s):
Phone Number(s):

**For Scheduling Appointments:**
Contact Person(s):
Phone Number(s):

**FOR OFFICE USE ONLY**

Contact Name:
Contact Number:

Reason for Referral:

Date of First Appointment:

Payment Plan: □ Private Pay (Amount $: ) OR □ Insurance (See Attached)