

Confidential New Client Intake Form

Full Legal Name (please print): _____

Preferred Name (if different from above): _____

Age: _____ **Date of Birth:** _____ **Gender/Gender Identity:** _____

Address/Place of Residence: _____

Mailing Address (if different from above): _____

Phone:

Home: _____ **Cell:** _____ **Work:** _____

Is it okay to leave voicemail messages? _____

Email: _____ (email is used for scheduling *only*)

Country of Birth: _____ **Primary Language:** _____

Relationship Status: _____ **Ethnicity/Racial Identity:** _____

Occupation: _____ **Level of Education Completed:** _____

Significant Family Members: _____

Emergency Contact Information:

Name(1): _____ **Relationship to Client:** _____

Phone: _____ **Address:** _____

Name(2): _____ **Relationship to Client:** _____

Phone: _____ **Address:** _____

Parent/Legal Guardian Information (if client is a minor)

Name(s): _____

Relationship Status: _____ *If divorced/separated parent or guardian
must provide copy of custody agreement

Address: _____

Phone: Home/Cell: _____ **Work:** _____

Health Information:

Please list current symptoms: _____

When did you first notice these symptoms? _____

Please list any current or past mental health diagnoses: _____

Please list current medical conditions and medications:

Doctor: _____ **Phone:** _____

Please list current substance use:

Substance: _____ How often? _____

Past substance use: _____

Are you currently experiencing thoughts of harming yourself or someone else?

YES/NO If yes, please explain: _____

Past Suicidal Ideation/Attempts: _____

Have you ever been hospitalized for any reason? (if yes, please explain): _____

Please provide any mental health/medical family history that may be relevant to your treatment: _____

Client's Desired Results/Goals for Therapy: _____

Previous Mental Health Providers and Approximate Dates of Treatment:

Name: _____ Dates: _____

Name: _____ Dates: _____

How were you referred to me? _____

Thank you for your time!