



Individual, Couple & Family Therapy

New Client Intake

Date _____

Your Name: _____ DOB: _____

Partner's Name: _____ DOB: _____

Your Phone: 1st _____ 2nd _____

Partner's Phone: 1st _____ 2nd _____

Address _____

City, State, Zip: _____

Email Address: _____

GROWTH THROUGH UNDERSTANDING

How did you hear about my services? (if from a website, please be as specific as possible): _____

Occupation (self or parents): _____

Names and birthdates of children: _____

If relevant, who has legal custody? _____

Who is coming to therapy? _____

Whom can I call in case of emergency?

Name: _____ Phone: _____

Relationship: _____

Are you currently being treated by a physician? If so, for what? _____

Current medications, if any: _____

Have you ever been hospitalized? If so, when and for what? _____

Please list past or present therapists, and dates of service: _____

How do you hope therapy will help you? _____

What led you to seek help at this time? _____

Continue on the back if necessary



