CLIENT INTAKE FORM

NAME:____ DATE:____________________ DOB:__________________

PREFERRED CONTACT NUMBER: _________________________ ALTERNATE NUMBER (optional): _____________

ADDRESS:____

CITY:____________________________STATE:______ ZIP:_________ Receive mail at this address? YES___ NO___

EMAIL:____ Receive email at this address? YES___NO___

How do you prefer to receive automated appointment reminders?

TEXT ONLY______ EMAIL ONLY ______ TEXT AND EMAIL _______ PHONE CALL, TEXT, AND EMAIL ________

Birth Sex:____________________ Gender Identity:_____________________ Sexual Orientation:___________________

Age:_______ Marital Status:_______________ Ethnicity:______________________ Religion:______________________

Preferred Language:________________________ Occupation:____

Employer:____ Number of Years at Current Job:__________________

Highest Education Completed:____________________________________

How did you hear about us? Insurance ______ Google ______ Psychology Today ______ Advertisement _______

Referred by doctor or other clinician______ (Please list clinician's name here:__________________________________)

Referred by friend or family member _______ (If comfortable, please list name here:____________________________

Social Media ________ Other______ (Please list:____)

EMERGENCY CONTACT INFORMATION

NAME:______________________________ PHONE:_________________________ RELATIONSHIP:________________

BRIEFLY DESCRIBE WHAT IS BRINGING YOU IN (e.g. depression, anxiety, relationship counseling)

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HAVE YOU SOUGHT MENTAL HEALTH SERVICES BEFORE? If yes, please list providers seen and dates of service, and diagnoses. Please include participation in other treatment approaches or modalities such as TMS or PHP/IOP.

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MEDICAL CONDITIONS/DIAGNOSES: (e.g. diabetes, seizures, hx of cancer, bariatric surgery)

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CURRENT MEDICATIONS: (Please include dosages and prescribing physician.)

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LEGAL HISTORY: (Please include any arrests, convictions, charges, and sentencing information).

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ALCOHOL AND/OR RECREATIONAL DRUG USE: (e.g. How many drinks per week/frequency of use? If you are in recovery, please indicate how long you have been sober and any recovery programs you participate in, e.g.12-step)

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