

CLIENT INTAKE FORM

NAME: _____ DATE: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

ADDRESS : _____

City: _____ State: _____ Zip code: _____

TELEPHONE: (CELL) _____ (WORK) _____

Okay to leave message? YES NO

Okay to text? YES NO

EMAIL ADDRESS: _____

Okay to communicate via email? YES NO

Please note that email correspondence is not considered a confidential medium of communication.

MARITAL STATUS: Single _____ Married _____ Divorced _____ Widowed _____

Do you have children? Yes No How many? _____ Ages: _____

ETHNICITY: _____ GENDER: Male Female

RELIGIOUS BACKGROUND: Jewish Catholic Protestant LDS (Mormon) Unitarian

Muslim Atheist/Agnostic Other (please specify): _____

EMPLOYER: _____ OCCUPATION: _____

(of the parent/legal guardian if client is minor)

ADDRESS: _____

CITY: _____ State: _____ Zip code: _____

EMERGENCY CONTACT: _____

Name

Relationship

Telephone: _____

Who referred you? _____