

**Amy S. Schepcoff LMFT**

MFC#46707

**NEW CLIENT INTAKE**

Welcome. So that I may assist you better, please provide the following information.

Today's Date: \_\_\_\_\_ Who referred you? \_\_\_\_\_

Single \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed/Widower \_\_\_\_

\_\_\_\_\_  
Name Birthdate Age

\_\_\_\_\_  
Name of significant other Birthdate Age

\_\_\_\_\_  
Street Address City Zip Code

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

E-mail address \_\_\_\_\_

If I call, can I identify myself? Yes \_\_\_\_ No \_\_\_\_

Children: \_\_\_\_\_  
Name Name

\_\_\_\_\_ Name Name

Siblings: \_\_\_\_\_ Name Name

\_\_\_\_\_ Name Name

Education: Highest grade completed or degree \_\_\_\_\_

Occupation: \_\_\_\_\_ Significant Other's Occupation: \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Member ID \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name Phone

Family Physician: \_\_\_\_\_  
Name Address Phone

List Medications presently taking: \_\_\_\_\_

Previous Therapy: Yes \_\_\_\_ No \_\_\_\_ Dates and reasons: \_\_\_\_\_

Briefly explain your need for therapy now: \_\_\_\_\_

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\_\_\_\_\_  
Your Signature Significant Other's Signature (if applicable)