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INTAKE FORM

Today's Date: _____ Email: _____

Name: _____ Date of Birth: _____ Age: _____

Mailing Address: _____ Zip: _____

Phone number: _____ Ok to leave msg? yes _____ no _____

Name of Spouse/Partner: _____ How long together? _____

Relationship Status: Single _____ Dating _____ Engaged _____ Married _____ Seperated _____

Divorced _____ Step Family _____ Cohabitation _____

Children? Gender & Ages: _____

Employment Status: employed _____ not employed _____ If yes, type of work: _____

Highest Level of education completed: _____

Have you even been in counseling? No ___ Yes ___ If yes, with whom? _____

Have you ever been hospitalized for mental health reasons? No ___ Yes ___

If yes, when and where? _____

Current medications: _____

Emergency Contact: _____

How you found out about this practice: _____

Please provide a brief description of your reason for seeing a counselor: _____

What do you hope to gain here: _____
