

CONFIDENTIAL INTAKE INFORMATION

Today's Date: _____ Who Referred you to My Office? _____

PART A: CLIENT INFORMATION

Name of Client: _____ Birthdate: _____

Please check: Female _____ Male _____ Age _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address _____

Emergency Contact Name/Phone #: _____

School and Grade/Year Attended: _____

Name of Family Physician: _____

Employer Name And Address: _____

Occupation: _____ Years of Education: _____

Please Check one: Single ___ Married ___ Separated ___ Divorced ___ Widowed: _____

PART B: If you are an Adult Client, complete the following if applicable. If Client is Under Age 18 or living with Parents or Guardians, Skip to Part C

Spouse's Name and Age: _____

Spouse's Employer and Occupation: _____

Spouse's Work #: _____

Children's Names and Ages: _____

If Children are Living Outside the Home, specify Where: _____

PART C: Complete if Client is Under Age 18 or Living With Parents or Guardians

Please check who Client is presently living with:

___ Natural Mother ___ Natural Father ___ Stepmother ___ Stepfather
___ Adoptive Mother ___ Adoptive Father ___ Foster Mother ___ Foster Father

Mother's Name: _____ Father's Name: _____

Legal Guardian: _____

Please Check One: Parents are: Married _____ Separated: _____ Divorced _____

Sisters'/Brothers' Names and Ages: _____

Mother's work # _____ Mother's Occupation: _____

Mother's Educational Level (Degrees Earned or Year Completed): _____

Father's work#: _____ Father's Occupation: _____

Father's Educational Level (Degrees earned or year Completed): _____