



Enso Therapy Group
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Client Intake Form

Client _____
Last First Middle Initial

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____

Email _____

Male/Female/Transgender/Other _____ DOB _____

Referred by _____

Employed by _____

Physician _____ Phone _____

Address _____

Emergency Contact _____ Phone _____

I have received the following information:

Consent to Treatment Form _____

Group Therapy Contract _____

Other _____

Signature _____ Date _____