



**FAMILY &
EDUCATIONAL**
— WELLNESS CENTER —

Intake Form – Adult

Client's Name: _____ Date of Birth: _____

Male Female Other

Address: _____

Phone #: _____ May we leave a message? Yes No

Additional Phone Numbers: _____ (work/cell)

Email: _____

May we contact you through this email regarding appointments or other FEW matters? Yes No

Place of Employment: _____

Occupation: _____

Person accepting responsibility for billing: _____

Emergency contact name and phone number: _____

How were you referred to *Family and Educational Wellness Center*? Please elaborate on your response in the space following:

1. Previous Client _____
2. Therapist/Counselor _____
3. School District _____
4. Advertisement _____
5. Attendance at a Parent Workshop _____
6. Internet Search _____
7. Other (please specify): _____



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What are the current presenting difficulties?

How long have you had these problems, symptoms, or issues?

What information/assistance are you seeking?

Have you been previously diagnosed with any learning, emotional, physical, or behavioral difficulties?

- No Yes, please specify: _____

Are you currently taking any prescribed medication?

- No Yes, please specify: _____

Briefly describe any previous treatment including dates, names of facility/therapist, presenting issues and outcome:
