

Annie BROGGER | mft

Client Intake Form

Client Name _____ Date _____

Age _____ Date of Birth ____/____/____

Married/Partnered/Single/Divorced/Separated/Widow(er)/Student (please circle one)

If married, spouse's name and date of birth _____

Ethnicity _____

Religious or Spiritual affiliation _____

Highest Level of Education _____

Parent's Names (if applicable)

_____ (DOB) ____/____/____

_____ (DOB) ____/____/____

Address _____

Phone () _____ Cell () _____

(Please mark which numbers are okay to call and leave a message)

Who should I call in case of emergency? (Please list name and phone number)

Driver's License Number _____

Email _____

Who referred you today? _____

Children's or sibling's names and dates of birth:

What brings you in today?

What are your goals in seeking therapy?

Have you ever been in therapy before today? If yes, when and for how long? If you would like me to contact your previous therapist, please ask for a release form.

Are you taking any medication? Please list the medications you are currently taking and have taken in the past.

How would you describe your family life growing up?

Describe your parents:

What have been some of the major losses in your life?

Do you consume alcohol? How much and how often?

Do you use other substances? What type? How often and for how long have you used them?

Do you take prescription medication? If so, please list all medications and dosage.

Have you ever had a serious head injury? Lost consciousness?

Have you ever had a major illness, or do you suffer from a chronic illness? (i.e. allergies, asthma, diabetes, etc.)

Finally, how would you describe yourself? What brings you the greatest sadness and the greatest joy?

Is there anything else you would like to share with me?

Thank you for seeking treatment at this time. Please also read carefully the following informed consent to better understand what to expect from this therapeutic relationship.

Signature _____ date _____

Therapist signature _____ date _____