

**CLIENT INTAKE INFORMATION**

Insurance / EAP/ Fee: \_\_\_\_\_ Therapist: \_\_\_\_\_ Date: \_\_\_\_\_  
 Focus of Service: (circle) INDIVIDUAL COUPLE FAMILY

Client Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Marital Status: \_\_\_\_\_ SS#: \_\_\_\_\_ Race: \_\_\_\_\_

Education (Highest Grade Completed): \_\_\_\_\_

Employer: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ May I call/leave a message at home? Yes \_\_\_ No \_\_\_

Work Phone: \_\_\_\_\_ May I call/leave a message at work? Yes \_\_\_ No \_\_\_

Cell Phone: \_\_\_\_\_ May I call/leave a message? Yes \_\_\_ No \_\_\_

Name of Spouse/Partner/Parent: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_ SS#: \_\_\_\_\_ Race: \_\_\_\_\_

Education (Highest Grade Completed): \_\_\_\_\_ Relationship to the client: \_\_\_\_\_

Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Name, Birth date, Age, and Sex of other Family Members not already listed above.

Name	Birth date	Age	Sex	Relationship to client	In Household? (yes or no)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Emergency Contact (Name and Phone #): \_\_\_\_\_