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CLIENT INTAKE FORM

Name of client _____ Date _____

Who referred you? _____

Work phone _____ Home phone _____

Cell phone _____ Fax _____

E-mail address _____

Home address _____

Occupation(s) (of parents if client is a child) _____

Names & ages of family members _____

Birthday of client _____ Current age _____

If any previous psychological services, when, for what, with whom, and how long

Current or past psychiatric medication _____

Topics, goals _____

[] Given client forms _____ [] Returned client forms _____