
Client Information Intake Form

Client 1 _____ Date of Birth _____

Home Address _____

Email _____

Phone Numbers (C) _____ (W) _____ (H) _____

Occupation _____ Employer _____

Client 2 _____ Date of Birth _____

Home Address _____

Email _____

Phone Numbers (C) _____ (W) _____ (H) _____

Occupation _____ Employer _____

Can messages be left to your email or phone numbers? _____

Living Arrangement _____ Dependents _____

Emergency Contact _____ Phone/Email _____

Emergency Contact _____ Phone/Email _____

Prescription medications taken _____

Medical condition for which drugs are prescribed _____

Prescribing Physician/Nurse Practitioner _____

Previous Psychotherapy experience _____

Insurance _____ Member _____ Group # _____

(You only need to fill this out if you will be using insurance for Psychotherapy)

Presenting problems/concerns _____

I have read, understand and agree with all of the policies and procedures listed in the **Office Policies and General Information about Confidentiality** agreement for Psychotherapy services form and the **Informed Consent** form.

Signature _____ Date _____

Signature _____ Date _____