

INTAKE FORM

Name: _____

Name (Partner): _____

Date of Birth: ____/____/____ Age: _____ Gender: _____

Date of Birth: ____/____/____ Age: _____ Gender: _____

Marital Status: Circle one: Married/Domestic Partnership/Dating

Children/Age: _____

Address: _____

Home Phone: () _____ Ok to leave message: Y/N

Cell Phone: () _____ Ok to text/message: Y/N

Email: _____ Ok to email Y/N

Referred by: _____

Previous mental health Counseling/Therapist?

Therapy Goals: _____
