



Client Intake Form - Adult

Today's Date _____

Name _____ Age _____ Date of Birth _____

Address _____

Phone (Primary) _____ (Secondary) _____

Email (please print clearly) _____

Emergency contact person (name, relationship, phone): _____

Education _____

Occupation _____ SSN _____

Religious/ Spiritual background / involvement _____

Please describe your current living arrangement (Do you live with others?)

Have you participated in any therapy before? Y___N___ If yes, when? _____

Reason _____

Are you currently seeing a psychiatrist, therapist, or other helper? Y___ N___

Have you or a family member ever been hospitalized for mental or emotional illness?

Y___ N___ If yes, please explain _____

Substance abuse/ addiction history? Y___ N___ If yes, please explain _____

Legal History (arrests, prison, DWI, parking tickets?) _____



Doctor's name and phone _____

Are you on any medications? Y ___ N ___ If so, what and why? _____

Family Information:

Marital Status (check any that apply): Single ___ Dating ___ Committed relationship ___
Engaged ___ Married ___ (how long? _____) Separated ___ (how long? _____) Divorced ___
(how long? _____)

Spouse's Name (if applicable) _____ Age _____

I would describe my friendships as: Close ___ Somewhat close ___ Distant ___ Conflicted ___

I would describe my relationship with my mother as: Close ___ Somewhat close ___
Distant ___ Conflicted ___

I would describe my relationship with my father as: Close ___ Somewhat close ___
Distant ___ Conflicted ___

Do you have any siblings? If so, how many siblings do you have? _____

How would you describe your relationship with your siblings?

Crisis Information:

Are you having any current suicidal thoughts, feelings or actions? Y _____ N _____

If yes, explain _____

Any current homicidal or violent thoughts or feelings, or anger-control problems?

Y _____ N _____ If yes, explain _____

Any past suicidal or homicidal thoughts, feelings or actions? Y _____ N _____

If yes, explain _____



Any issues, hospitalizations, or imprisonments for suicidal or assault behavior?

Y_____ N_____ If yes, describe _____

Any current threats of significant loss or harm (illness, divorce, custody, job loss, etc.)?

Y_____ N_____ If yes, describe _____

How can I help? Please tell us in your own words what brings you here today _____

What are your two most important goals for therapy?

1. _____

2. _____

