

## Client Intake

Please print out and bring completed form to your first visit

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Other \_\_\_\_\_

Email \_\_\_\_\_ Birth date \_\_\_\_\_ SS # \_\_\_\_\_

What concerns brought you here? \_\_\_\_\_

Referred by? \_\_\_\_\_

Please circle: Married Single Engaged Domestic Partner Separated Divorced Widowed

Who lives in your home? \_\_\_\_\_

Do you have positive emotional support? \_\_\_\_\_

Are you experiencing any health problems? \_\_\_\_\_

What medications are you taking? \_\_\_\_\_

Do you consume alcohol or drugs? \_\_\_\_\_ Smoke? \_\_\_\_\_ Exercise? \_\_\_\_\_

Do you have a history of physical: \_\_\_\_\_ sexual: \_\_\_\_\_ and/or emotional abuse? \_\_\_\_\_

### For Credit Card Payment

For your convenience, check, cash, Visa, MasterCard and Discover Card are accepted.

To pay with a credit card, please complete the information below:

Your name as it appears on the card: \_\_\_\_\_

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover Card \_\_\_\_\_

Card # \_\_\_\_\_ Exp date \_\_\_\_/\_\_\_\_

Your signature giving permission to bill for sessions:  
\_\_\_\_\_

**Thank you for providing this information.**