



Client Intake Form

Name: _____ Birth Date: _____ Gender: _____

Address: _____

Phone: _____ may I leave a message? yes no

Other phone: _____ may I leave a message? yes no

Email: _____ may I email you? yes no

***please note that email is not considered to be a confidential medium of communication**

Emergency Contact Information: _____

Emergency Contact Number _____ Relationship to you _____

Referred by: _____ Their contact info: _____

*May I thank the person who referred you?

Or internet: Google Bing Yahoo Psychology Today AAMFT Counseling Seattle

Other (mind sharing? _____)

With search words:

Employer/Occupation:

Are you satisfied with your job?

Relationship status:

Single Married: How long? _____ Partnered, Not Married

Separated Divorced: How long? _____ Widowed

Previous Marriage(s)

Children? If yes, please list their name, date(s) of birth & current age:

Please list any health issues or diagnosis for your **child(ren)**, including date & age of diagnosis:

Please list all **personal** medical diagnoses, approximate date of diagnoses and age at time of diagnosis:

Please list all medications, if any:

Do you have a primary medical practitioner?

His/her contact information: _____

Do you smoke? yes no Does your partner? yes no

Do you drink alcohol? yes no Does your partner? yes no

Do you use any other substances? yes no Does your partner? yes no

If yes to any of the above, please specify how often and how much:

Do you have trouble sleeping? yes no

Do you exercise regularly? yes no

Do you eat a well-balanced diet? yes no

Have you recently gained OR lost weight?

How much/over how long of a period? _____ / _____

How would you describe your overall health? Are you satisfied?

Have you seen a therapist before? If yes, please describe what was helpful & what was not?

Is there anything about your race, culture or sexual preference that you'd like me to know?

Please add anything else you'd like to share: