

INTAKE

Client Name _____ Date _____

Address _____ Referred by _____

Birthdate _____

Phone _____

What brings you to counseling? _____

What are your goals in counseling and how will things be different when your situation is better? _____

Family information

single married widowed divorced separated living together

Medical Problems/medications

**Drug and alcohol
use/abuse**

**Prior
counseling**

