



### Confidential Client Intake

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender  Female  Male  Other \_\_\_\_\_

Marital Status  Single  Married  Divorced  Other \_\_\_\_\_

Employment  Full-time  Part-time  Student

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Numbers	Preferred	Okay to Leave Message?	
Home _____	<input type="radio"/>	<input type="radio"/> Yes	<input type="radio"/> No
Cell _____	<input type="radio"/>	<input type="radio"/> Yes	<input type="radio"/> No
Work _____	<input type="radio"/>	<input type="radio"/> Yes	<input type="radio"/> No

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Number \_\_\_\_\_

Please Explain Why You are Seeking Counseling \_\_\_\_\_

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