



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 _____

