



Client Intake Form

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

email: \_\_\_\_\_ skype: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work/Home Phone: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Marital/Relationship Status \_\_\_\_\_

Number of Children: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

Occupation/Current Work: \_\_\_\_\_

The reason for your visit: \_\_\_\_\_

General Health: \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Other Physical or Mental Conditions: \_\_\_\_\_

\_\_\_\_\_

Anything else you'd like me to know before your first session:

\_\_\_\_\_

\_\_\_\_\_

*Please understand that all information is held in strict confidentiality to the full extent of the law. It is important for us to build trust in our therapeutic relationship. If there is anything further you would like to discuss with me before the session or any boundaries that you would like set to ensure your comfort and relaxation please tell me.*