

Client Intake Information

Adult

Date _____

Name _____ Sex _____ Age _____ Birthdate _____

Address _____ City _____ Zip _____

Language _____
Client Social Security # _____ of Choice: _____ English _____ Other _____

Ethnicity: _____ Caucasian _____ African American _____ Asian-American _____ Bi-Racial _____
_____ Latino/Hispanic _____ Native American _____ Pacific Islander _____ Other _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Primary Insurance Member's Name: _____ ID # _____ Group No. _____

Insurance Holder's SS# _____ Insurance Holder's DOB _____

Secondary Insurance Member's Name _____ ID # _____ Group No. _____

Insurance Holder's SS# _____ Insurance Holder's DOB _____

Primary Care Physician _____
Name Address City Phone

Medical History (Past - Present - Medications - Hospitalizations) _____

Previous Psychological Treatment (With Whom - When - Where - Duration) _____

Household Income: _____ \$0-25,000 _____ \$25-50,000 _____ \$50,000+

Religious Affiliation _____

Employer _____ Education _____

Spouse's Name _____ Age _____ Education _____

Employer _____ Work Phone _____

Brothers & Sisters _____

Children (Own - Stepchildren - Deaths - Names & Ages) _____

Military Service (Service - Date - Rank) _____

Emergency Contact Person _____
Name Phone

Address

Pager - Cell Phone