



Intake Form

Name: _____ Date of Birth: _____ Age: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____ Message OK? Yes No

Home Phone: _____ Message OK? Yes No

Work Phone: _____ Message OK? Yes No

E-Mail: _____ Contact OK? Yes No

Preferred Method of Contact: Cell Home Work Email

Family Information

Marital Status: Single Married Divorced Separated Widowed

Number of Previous Marriages: _____ Number of Children: _____

Names and ages of immediate family:

<u>Name</u>	<u>Age</u>	<u>Resides with you? (Y/N)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a valid firearm owners identification card (F.O.I.D.)? Yes No



Education / Occupation

Highest Grade/Degree Completed: _____

Job description/profession: _____

Current Employment Status: _____ Full -Time _____ Part-Time
 _____ Unemployed _____ Retired
 _____ Homemaker _____ Student

Your income: _____ Under \$10,000 _____ \$10,001 to \$20,000
 _____ \$20,001 to \$30,000 _____ \$30,001 to \$40,000
 _____ \$40,001 to \$50,000 _____ Over \$50,000

Family income: _____ Under \$10,000 _____ \$10,001 to \$20,000
 _____ \$20,001 to \$30,000 _____ \$30,001 to \$40,000
 _____ \$40,001 to \$50,000 _____ Over \$50,000

Medical History

Please list any significant physical health problems or concerns:

Have you ever been hospitalized for physical health reasons? _____ Yes _____ No

If yes, please describe:

Have you ever received outpatient psychotherapy or counseling? _____ Yes _____ No

If yes, please describe:



Have you ever been treated as an inpatient at a mental health facility?

___ Yes ___ No

If yes, please describe:

Are you currently taking any medications for physical or mental health?

___ Yes ___ No

If yes, please describe:

Please tell us about why you are here:

Who referred you to this practice? _____

May we contact this person to confirm your visit? ___ Yes ___ No

What were the circumstances that led to this referral?

Have you ever had contact with the courts/law enforcement?

___ Yes ___ No

If yes, please describe:



Please tell us in what way our services can be helpful to you:

Signature of Person Completing Form

Date