

CLIENT INTAKE SHEET

1. CLIENT: _____ PHONE: Home _____

MARITAL STATUS: Married _____ Separated _____ Divorced _____ Single _____
Work _____
Pager _____

DATE OF BIRTH: _____ Age _____

2. MAILING ADDRESS: Street _____

City _____ State _____ Zip Code _____

3. HOUSEHOLD MEMBERS AND SIGNIFICANT OTHERS:

<u>Name</u>	<u>DOB</u>	<u>Relationship</u>	<u>Name</u>	<u>DOB</u>	<u>Relationship</u>
a. _____			d. _____		
b. _____			e. _____		
c. _____			f. _____		

4. ANNUAL INCOME: _____

5. SESSION FEE: _____

6. REFERRAL SOURCE: _____

REFERRING PERSON: _____

7. LEGAL INVOLVEMENT: YES _____ NO _____ (Attorneys, GALs, Courts, etc.) IF YES, PLEASE LIST:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

8. PRESENTING PROBLEM (Brief description): _____

INTAKE BY: _____

DATE: _____

APPOINTMENT: _____