

# Client Intake Form

Today's date: \_\_\_ / \_\_\_ / \_\_\_

Your Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

City, State and Zip code: \_\_\_\_\_

Home phone#: \_\_\_\_\_ Cell phone#: \_\_\_\_\_

May I leave messages for you at home? Yes No

Best time to call and at which phone number: \_\_\_\_\_

May I send letters for you at home? Yes No

Names of others attending counseling with you and their relationship to you:

\_\_\_\_\_  
\_\_\_\_\_

Would you like an appt. reminder? Yes No

If yes, please circle one: Reminder by: Phone Email (email: \_\_\_\_\_)

## For EAP:

Authorization #: \_\_\_\_\_ EAP Name: \_\_\_\_\_

Employer: \_\_\_\_\_ How long? \_\_\_\_\_

Job Title: \_\_\_\_\_ Work phone: \_\_\_\_\_

May I contact you at work? Yes No SSN: \_\_\_\_\_

## For Insurance:

Primary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

Group #: \_\_\_\_\_ Subscriber: \_\_\_\_\_

Phone # on back of card: \_\_\_\_\_ SSN: \_\_\_\_\_