

**Intake Sheet**

Client name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Office phone: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Age \_\_\_\_\_ Cell phone: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_  
Married \_\_\_\_\_  
Separated \_\_\_\_\_  
Divorced \_\_\_\_\_  
Previous marriages? \_\_\_\_\_  
Duration: \_\_\_\_\_

Spouse or Partner name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Office phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Children:	Name	Age	Whose Child	Living where?
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Anyone else living in home? \_\_\_\_\_

Referred by: \_\_\_\_\_  
\_\_\_\_\_

Previous therapy: \_\_\_\_\_  
\_\_\_\_\_