

Clinical Intake and Personal Data

ame(s):			
ddress:			
ity:	State:		Zip Code:
ome Phone:	Cell:		Other:
nail:	Website:_		
		_	OT want me using to reach you OR eate an uncomfortable situation.)
re you Married?		For How Lo	ong?
evious Marriages? (Him)	How Many?	(Her)	How Many?
re your parents divorced? (Him):	How old were you?	(Her):	How old were you
re you currently taking any prescrip	tion psychiatric medication	ns?	
<u>Dr./Drug</u>	Reason		<u>How Long</u>

Are you currently under an order of protection?	If yes, please explain:
Who may we contact in the event of an emergency	Please mark your initials to give us permission to do
his	
lame:	Relationship:
address:	Phone:
o you currently attend a church? Which one?	
/hat is your occupation? (Him):	(Her):
lave you ever been to see a therapist before?	
as it helpful?	
ow did you hear about the Elbow Tree Christian C	ounseling?
ay we thank them for referring you?	
hat brings you to counseling today?	
Oo you have any other special circumstances or info	ormation that would be helpful for me to know?