



**Client Intake and Information**

Date: \_\_\_\_\_

**PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: Female Male

We may leave messages at:

\_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Home Email: \_\_\_\_\_

\_\_\_\_\_ Work Email: \_\_\_\_\_

**INSURANCE INFORMATION**

Name of Insurance: \_\_\_\_\_ Insurance Phone #: \_\_\_\_\_

ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy Holder Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Employer: \_\_\_\_\_

Client Relationship to Policy Holder: \_\_\_\_\_

Who referred you to Weavings: \_\_\_\_\_

Family Friend/Acquaintance Physician Employer Pastor/Church Other

Therapist Preference (circle one): Female Male Either

Location Preference (circle one): Main Downtown North

Preferred Days/Times: \_\_\_\_\_

Assigned Therapist: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**MEDICAL HISTORY**

Are you currently under medical care?  Yes  No

If yes, please indicate reason: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List any prescription medication(s): \_\_\_\_\_

Other significant medical history: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**COUNSELING HISTORY**

Have you ever received psychotherapy/counseling?  Yes  No

Name/Date/Location: \_\_\_\_\_

Do you currently have a psychiatrist?  Yes  No

Psychiatrist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMPLOYMENT**

Full-time  Part-time  Self-employed  Unemployed

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

How long at current job: \_\_\_\_\_

**EDUCATION**

Highest Level of Education:  High School  Some College  Professional Training

College Degree  Graduate Degree  Other \_\_\_\_\_

**FAMILY INFORMATION**

Marital Status:  Single  Engaged  Married  Separated  Divorced  Widow(er)

Parents: *Mother*:  Living, age\_\_\_\_  Deceased *Father*:  Living, age\_\_\_\_  Deceased

Children:  Yes  No Name(s) & Age(s): \_\_\_\_\_