

CLIENT INTAKE FORM A

PAGE ONE

REFERRAL SOURCE: _____

DATE: _____

TYPE OF COUNSELING

Individual _____ Couple _____

Family _____ Other _____

IDENTIFICATION DATA:

NAME _____ HOME PHONE _____

ADDRESS _____ ZIP CODE _____

OCCUPATION _____ BUSINESS PHONE _____

BIRTH DATE _____ HEIGHT _____ WEIGHT _____ GENDER (Circle One) M F

RACE, NATIONAL, OR ETHNIC ORIGIN _____

MARITAL STATUS _____ HOW LONG? _____

ACADEMIC EDUCATION (number of years) _____

OCCUPATIONAL TRAINING _____

MARITAL AND FAMILY DATA

NAME OF SPOUSE _____ HOME PHONE _____

ADDRESS _____ ZIP CODE _____

OCCUPATION _____ BUSINESS PHONE _____

BIRTH DATE _____ HEIGHT _____ WEIGHT _____ GENDER (Circle One) M F

RACE, NATIONAL, OR ETHNIC ORIGIN _____

ACADEMIC EDUCATION (number of years) _____

OCCUPATIONAL TRAINING _____

CHILDREN OF THIS MARRIAGE

NAME	AGE	GENDER	COMMENTS
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SOURCES OF INCOME

YOUR INCOME BEFORE DEDUCTIONS _____

SPOUSE OR OTHER FAMILY MEMBERS' INCOME _____

TOTAL INCOME _____

FEE (Determined By You And The Counselor) _____

(OVER)

9/5/84

(Rev. 1/95)