

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
_____	_____	_____	_____

SOURCES OF INCOME

YOUR INCOME BEFORE DEDUCTIONS _____

SPOUSE OR OTHER FAMILY MEMBERS' INCOME _____

TOTAL INCOME _____

FEE (Determined By You And The Counselor) _____

(OVER)

CLIENT INTAKE FORM A

PAGE TWO

PREVIOUS MARRIAGES (Circle One) **YES NO**
FORMER HUSBAND(S) PRESENT DATES OF COMMENTS
NAME(S) AGE MARRIAGE

FORMER WIFE (WIVES) PRESENT DATES OF COMMENTS
NAME(S) AGE MARRIAGE

CHILDREN OF PREVIOUS MARRIAGE(S)
NAME AGE GENDER PARENTS COMMENTS

FAMILY MAP (FOR USE BY COUNSELOR ONLY)

(CONTINUE TO FORM B)