

NEW CLIENT INTAKE FORM

CLIENT INFORMATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Preferred Contact Method: Phone / Email / Text (Circle one)

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship to Client: _____

Phone Number: _____

IDENTIFYING FACTORS

Date of Birth: _____ Age: _____

Legal Gender: _____

Gender Identity: _____

Preferred Pronouns: _____

Preferred Pronouns: _____

Race/Ethnicity: _____

Primary Language: _____

Marital Status: Single / Married / Divorced / Widowed / Other (Circle one)

Religion: _____

Employment Status: Employed / Unemployed / Student / Retired (Circle one)

Occupation: _____

School Name: _____

INSURANCE INFORMATION

Will you be using insurance for services? Yes / No (Circle one)

Insurance Provider: _____

Policy Number: _____

Group Number: _____

Subscriber Name: _____

Subscriber Date of Birth: _____

Relationship to Subscriber: _____

SELF-PAY INFORMATION

If self-pay, please check one:

☐ Per Session Payment

[] Sliding Scale Fee (if applicable)
[] Other (please specify): _____

REASON FOR SEEKING COUNSELING/SERVICES

Please briefly describe the concerns that bring you to Branch:

MENTAL HEALTH HISTORY

Have you previously attended therapy? Yes / No (Circle one)

If yes, when and for how long? _____

Have you been diagnosed with any mental health conditions? Yes / No

If yes, please list: _____

Are you currently taking any medications for mental health? Yes / No

If yes, please list: _____

MANAGE HOUSEHOLD (For Couple/Family Therapy Clients Only)

List members and their relationship to the client who will be involved in services:

Describe any challenges or dynamics impacting the household:

MEDICAL HISTORY

Do you have any medical conditions that may impact your mental health? Yes / No

If yes, please list: _____

Are you currently taking any medications for physical health conditions? Yes / No

If yes, please list: _____

ADDITIONAL INFORMATION

How did you hear about our services? _____

Any additional information you would like to share: _____