

# CLIENT INTAKE

Rachel Newman, MA, MRP, LMHCA

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

(For couples with more than one address please indicate the name associated with the address)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

Is it acceptable to contact you and/or leave a message on your:

Home Phone Yes \_\_\_\_\_ No \_\_\_\_\_

Cell Phone Yes \_\_\_\_\_ No \_\_\_\_\_

Mailing Address Yes \_\_\_\_\_ No \_\_\_\_\_

Email Yes \_\_\_\_\_ No \_\_\_\_\_

Relationship/Marital Status \_\_\_\_\_

Emergency Contact Information: Name \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_ Relationship to you \_\_\_\_\_

Personal Financially Responsible for this Account \_\_\_\_\_

How were you referred? \_\_\_\_\_

Do I have permission to thank your referral source? \_\_\_\_\_

What is their contact information? \_\_\_\_\_

What is your current occupation and how satisfied are you with it? \_\_\_\_\_

What prior experience do you have with counseling or psychotherapy? \_\_\_\_\_

What has been helpful and what has not been helpful? \_\_\_\_\_

What is your primary reason(s) for engaging in therapy now? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please specify \_\_\_\_\_  
\_\_\_\_\_

Is a medical practitioner currently treating you? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of Medical Practitioner \_\_\_\_\_  
If yes, for what purpose? \_\_\_\_\_  
\_\_\_\_\_

Do I have permission to contact your Medical Practitioner? Yes \_\_\_\_\_ No \_\_\_\_\_  
What is their contact information? \_\_\_\_\_  
\_\_\_\_\_

Have you or someone close to you ever been concerned about your alcohol or drug use? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

What are the current ways that you relax and rejuvenate? \_\_\_\_\_  
\_\_\_\_\_

What do you do to have fun? \_\_\_\_\_  
\_\_\_\_\_

What would you consider is one of your strengths or one thing you do well? \_\_\_\_\_  
\_\_\_\_\_

Have you or a loved one experienced any dramatic change or event recently? \_\_\_\_\_  
\_\_\_\_\_

**LEGAL HISTORY**

Please list any arrests, convictions, imprisonment, probation or current legal problems.

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What other information would be of value to me in helping you? \_\_\_\_\_

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**Consent for Treatment**

I authorize and request my practitioner to carry out psychological exams, treatment and/or diagnostic procedures, which now, or during the course of my treatment become advisable. I understand the purpose of these procedures will be explained to me upon my request and that they are subject to my agreement. I understand that while the course of my treatment is designed to be helpful, my practitioner can make no guarantees about the outcome of my treatment.

I authorize Rachel Newman to release any information necessary to my insurance company to expedite insurance claims. I understand that I am ultimately responsible for all charges, regardless of insurance coverage.

**NOTE: Each counseling session is approximately 55 minutes. If you are unable to keep the scheduled appointment please give 24 hours notice: otherwise a fee will be charged.** The only exception is a severe emergency.

*I certify that the information listed above is true and accurate to the best of my knowledge.*

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date