COUNSELING CLIENT INTAKE FORM TEMPLATE

DATE	ADMINISTRATOR
IS THIS A PREVIOUS PATIENT?	**REFERRED BY**

PATIENT ONBOARD INFORMATION

NAME		**HOME ADDRESS**	
CELL PHONE			
ALT. PHONE			
EMAIL		**WORK ADDRESS**	
SOCIAL SECURITY NUMBER			
DATE OF BIRTH			

EMERGENCY CONTACT

NAME OF CONTACT		**RELATIONSHIP TO CLIENT**	
MAIN PHONE #		**ALT. PHONE #**	

INSURANCE INFORMATION

NAME OF CARRIER		**INSURED'S DATE OF BIRTH**	
NAME OF INSURED		**GROUP NUMBER**	
SUBSCRIBER ID		**SIGNATURE**	

PAYMENT INFORMATION

PAYMENT TO		**PAYMENT DATE**	
RECEIPT NUMBER		**AMOUNT PAID**	
PAYMENT METHOD			
RECEIVED FROM		**RECEIVED BY**	

ACCOUNT INFO			**PAYMENT PERIOD**	
ACCT BALANCE	**THIS PAYMENT**	**BALANCE DUE**	**FROM**	
			THROUGH	
PAYMENT FOR				

HEALTH INFORMATION

Describe the reason for the initial visit.

HOW OFTEN DO YOU EXERCISE?		**WHAT PRESCIRTIONS ARE YOU TAKING?**	
DO YOU HAVE ANY ALLERGIES?		**HOW WOULD YOU RATE YOUR SLEEPING HABITS?**	

Describe your physical health in general.

Please circle any of the following conditions you've had a health issue.

anemia	arthritis	anxiety	broken bone	_____	_____
chronic back pain	bladder trouble	poor circulation	measles	_____	_____
cancer	chest pain	sinus trouble	hepatitis	_____	_____
convulsions	high blood pressure	asthma	tuberculosis	_____	_____
seizures	kidney trouble	indigestion	neck pain	_____	_____
migraines	heart trouble	dermatitis	diabetes	_____	_____
osteoporosis		epilepsy	artificial joints	_____	_____

Please specify on any conditions circled above.

Describe your mental health in general.

Please circle any of the following conditions you've had a health issue with.

anxiety	eating disorders	financial problems	broken bone	_____	_____
depression	parents	head injuries	measles	_____	_____
anger	children	nausea	hepatitis	_____	_____
concentration	sleeping	attention	tuberculosis	_____	_____
phobias	child abuse	trust in others	neck pain	_____	_____
communication	sex abuse	worry	diabetes	_____	_____
drugs/alcohol	nightmares	self-inflicted pain	artificial joints	_____	_____

Please specify on any conditions circled above.

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