

**Client Intake Information**

**Therapist being seen** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Client name:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Birth day** \_\_\_\_\_ **Age:** \_\_\_\_\_ **If minor, parent/legal guardian** \_\_\_\_\_

**Client Marital Status:**  Single  Married  Divorced/separated  Widowed **Other:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

**Home Phone:** \_\_\_\_\_ - \_\_\_\_\_ **Best Way to Contact You:** \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ - \_\_\_\_\_  
Name/ Relationship

**Medications:** \_\_\_\_\_

**Medical Problems:** \_\_\_\_\_

**Please briefly describe your reason for seeking counseling:**

**Client (Spouse) Name:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Birth day** \_\_\_\_\_ **Age:** \_\_\_\_\_ **If minor, parent/legal guardian**

**Client Marital Status:**  Single  Married  Divorced/separated  Widowed **Other:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

**Home Phone:** \_\_\_\_\_ - \_\_\_\_\_ **Best Way to Contact You:** \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ - \_\_\_\_\_  
Name/ Relationship

**Medications:** \_\_\_\_\_

**Medical Problems:** \_\_\_\_\_

**Please briefly describe your reason for seeking counseling:**

**I give my consent for treatment at Riley Individual, Family, and Marriage Counseling. I authorize Riley Individual, Family, and Marriage Counseling to keep this document for the purposes of contact and treatment related information.**

**Client Name (printed):** \_\_\_\_\_ **Client Signature:** \_\_\_\_\_

**Parent Signature, if client is a minor** \_\_\_\_\_