

CLIENT INTAKE INFORMATION FORM

Welcome to counseling with **Barbara Massey LMFT**. The information asked for below is to help me understand you and your concerns. Please fill out this form as completely as you can. All information will be held in strict confidence.

Date of first appointment: _____

How did you hear about us? (Check one) Clergy persons Social Service Agency Family
 Friend Employer Internet site _____
 School Former Client Physician or other medical
Please include specific name if appropriate. _____

Name: _____
(Last) (First) (Middle)

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone No.: Home: _____ Work: _____ Email: _____

Mobile: _____ Other: _____

Phone Messages? Y/N

Email? Y/N

Emergency Contact: _____
(Name) (Relationship) (Phone number)

Employer/School: _____ Occupation: _____

Education/Training: (Highest Level Obtained) _____

Military Service Yes No Dates: _____ Did you serve in combat? Yes No

Birth Date: _____ Age: _____ Height: _____ Weight: _____

Social Security Number _____

Sexual Orientation: Heterosexual Gay/Lesbian Bisexual Other: _____

Relationship Status: (Check one) Married Never Married Widowed Single
 Divorced Separated Living together as partners

If married, date of present marriage _____ Are there children living at home? Yes No

Names and ages of children: _____ Age: _____ Age: _____
_____ Age: _____ Age: _____

Spouse/Partner Name: _____ Age: _____

Previous marriages: (date, how ended) _____