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Client Intake Form

Date: _____

Name: _____

Date of birth: _____ Age: _____ Ethnic Background: _____

Home Address: _____

Home phone: (____) _____ OK to leave message? _____

Work phone: (____) _____ OK to leave message? _____

Cell phone: (____) _____ OK to leave message? _____

E-Mail: _____

Emergency Contact Name: _____ Number: _____

Work

Occupation: _____

Company: _____

Length of time employed: _____

Current Relationship

What is your marital/ relationship status? (Single, Engaged, Separated, Married, Divorced, Widowed, Other):

Family members/ others living in your household: _____

How would you describe your current support network? _____

Family

Do you have any children? Yes: _____ No: _____

Name	Age	Residence	Frequency of Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Psychotherapy History

Have you been in therapy before? Yes:___ No:___ (If yes) Date:_____ Length:_____

Are you currently seeing a psychotherapist? Yes:___ No:___ (If yes) Date:_____

Name of the therapist:_____ Tel:_____

May I have your permission to contact this therapist, if applicable? Yes:_____ No: _____

Current medical condition

What medications (for mental health) are you currently taking? For what purpose? Prescribed by whom?_____

Do you have a history of drug or alcohol use/abuse? - Do you currently use drugs or alcohol? Frequency?

Do you have family history of drug or alcohol use/abuse? _____

What trauma, abuse, or painful event(s) have you experienced in your life that are important for me to know about?

Do you have a learning disability, ADD or ADHD? _____

Environmental Stressors

Explain how each of the following may be causing feelings of stress for you in your life right now:

Marriage _____

Employment/School _____

Illness _____

Family _____

Legal _____

Other current stressful situations _____

What is the reason for your visit? _____