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## **Client Intake Form**

Work phone: () OK to leave message?				Date <u>:</u>
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?	Name:			
Home phone: (	Date of birth:		Age:	Ethnic Background:
Work phone: (	Home Address:_			
Cell phone: (	Home phone: (	)		OK to leave message?
E-Mail: Number: 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:	Work phone: (	)		OK to leave message?
Emergency Contact Name:	Cell phone: (	)		OK to leave message?
Emergency Contact Name:	E-Mail:			
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:				
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:	Work			
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:	Occupation:			
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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:	Length of time en	mployed:		
Family members/ others living in your household:  How would you describe your current support network?  Family  Do you have any children? Yes: No:	Current Relatio	onship		
How would you describe your current support network?	What is your ma	rital/ relationship stat	sus? (Single, Engage	ed, Separated, Married, Divorced, Widowed, Other):
Family Do you have any children? Yes: No:	Family members	/ others living in your	household:	
Family Do you have any children? Yes: No:				
Do you have any children? Yes: No:	How would you	describe your current	support network?	
	Family			
Name Age Residence Frequency of Contact	•	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?