

Redefining You Therapy Client Intake Form

Client Information and History

Today's Date _____ Referred by: _____

Your Name: _____ Date of Birth: _____ Age: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Name & Relationship of a close relative/friend in the event of an emergency: _____

Emergency contact Phone: _____

Current Problem

What do you want to address in therapy?: _____

What happened that made you decide to come in at this time? _____

What would you like to change about yourself to make your situation better? _____
