



Client Contact Information

Name: _____ Date of Intake: _____

Date of Birth. ____ \ ____ \ ____ Age: ____ Occupation (if applicable): _____

Preferred Phone for contact: _____ Alt. Phone: _____

Important: *needed for billing* - Address: _____

City, State & Zip: _____

Email: _____

Would you prefer paper invoices or e-invoices? Paper Invoices _____ e-Invoices _____

Emergency Contacts

1) Name: _____ Relationship: _____

Address: _____

Cell/Home Phone: _____ Work Phone: _____

Your reason for consultation right now?

Do you smoke tobacco and if so, what type and how frequently?

Do you drink/use caffeine, if so what type and how frequently?

Do you drink alcohol, if so what type and how frequently?

Do you any other drugs and if so, what type and how frequently?

Might there be any reason to believe you have a problem with substance use? _____

If you feel pain in your body, please describe the location(s) and sensation(s):

Please indicate any hospitalizations:

Reason: _____ Date: _____

Reason: _____ Date: _____

Are you currently being treated for an emotional or medical condition? Yes ___ No ___

If yes, please describe: _____

Have you ever had therapy, counseling or neurofeedback before? Yes ___ No ___ If yes:

Therapist Name Treatment Start/End Dates Effective?

What do you do to maintain your health?

General Family Information

The following information may be helpful to your therapist in gaining additional understanding of your family system.

Please list everyone living with you currently:

Name	Relationship	Age	Gender	Job/School Grade
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Family of Origin: List all members starting with your parents (guardians) and then add siblings. If a family member is deceased, please indicate their age at death under "Age" and under "Residence" list their date of death and the cause.

Name	Age	Gender	Occupation/School	Education Level	Residence
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Please list significant illnesses in your family (For example; diabetes, cancer, head injury, heart problems, surgeries, emotional/psychiatric history, or substance abuse)
