

Intake Form

Name:	Today's Date:	
Address:	City, State and Zip:	
Phone number:	Email:	
Married:	Spouse's Name:	
Emergency Contact:	Phone Number:	Relation:

Do you currently see a therapist? If yes, please provide their contact information below.

Names and ages of those who live with you:

_____	_____	_____	_____
Name	Age	Name	Age
_____	_____	_____	_____
Name	Age	Name	Age

Health Issues: Tell me what's happening health wise for you right now.

Nutrition: How is your nutrition? – How it really is....not how you want it to be...

Exercise:

Medications:

Past and present life stressors:

Any family history that I should be aware of?

SUBMIT