

**HAVEN COUNSELING**

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**CLIENT INTAKE FORM**

(Please Print)

**CLIENT INFORMATION**

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

May we contact you at your: Home: \_\_\_ yes \_\_\_ no - Work: \_\_\_ yes \_\_\_ no

Sex: M\_\_\_ F \_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security # \_\_\_\_\_ DL # \_\_\_\_\_

Marital status: \_\_\_\_\_ If married, how long? \_\_\_\_\_

Spouse name: \_\_\_\_\_

Your employer: \_\_\_\_\_ How long: \_\_\_\_\_

Job title/position: \_\_\_\_\_

Religion as a child: \_\_\_\_\_ Currently: \_\_\_\_\_

Signature of legally responsible adult: \_\_\_\_\_

People currently in household including yourself

	<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Sex</u>	<u>Education Level</u>
1.	Self	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Children living out of the home \_\_\_\_\_ Age \_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_

In your own words describe why you are seeking counseling:

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Whom have you previously consulted about the problem(s)?

(Names & Dates) -----  
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Are you currently seeing another mental health professional?

(Names & Dates) -----  
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List any medication(s) you are currently taking-----

**IN CASE OF EMERGENCY**

Name of Local Friend or Relative (not living at same address)	Relationship to Client	Home Phone No.	Work Phone No.

**PLEASE READ THE FOLLOWING CAREFULLY**

**I understand that I am responsible for my fee payment at the time of each appointment. I agree to be responsible for the full payment of fees for services rendered.**

X

\_\_\_\_\_  
CLIENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**I hereby consent to treatment by specified provider. Although the chances for obtaining my goals for therapy will best be met by adhering to therapeutic suggestions, I understand that I have a right to discontinue or refuse treatment at any time. I understand that I am responsible, however, for any balance due prior to a decision to stop.**

X

\_\_\_\_\_  
CLIENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE