Client Intake Form

Name:						Today's Date:		
Address:		•	City:	<u> </u>		State:	Zi	o:
Address: Phone numbers: Home: Where would you prefer to be contacted (for Emergency Contact: E-mail address (if applicable):				· · · · · · · · · · · · · · · · · · ·		Work:		
Where would	you prefer to be	conta	cted (for any	counseld	or follow-up	?) - Circle nu	mber ab	ove
Emergency (Contact:		Ì	hone #		Relation	nshin	5.0
E-mail addre	ss (if applicable):							
Would you li	ke to be placed on	OHE	nailing list?	VES . NO	(nlease	circle one)	7 . 3	
rioura y sa	no to be placed on	 .		10 110	(picase	circle orie)		
How did you	hear of my service	3e2					•1	
May I cand h	im/her a thank you	ofor y	Our referrel	VEC	10 /alaaa			
way I sellu II	minimo a mank you	1 101)	our relenar.	1 63 L	O (please	e circle one)		
4 DEDCOM	AL INCODERATION	t.						
1. PERSON	AL INFORMATION	<u>4:</u>		·				
Sex;	Date of pirth:			4ge:		Place of birth:	·	
Highest scho	ool grade complete	id:		Cei	rtificates/de	egrees:		
Employer:			_ Scope of v	vork perfo	rmed:			
How long em	Date of birth: pol grade complete							
2. HOUSEHO	OLD INFORMATION	<u> </u>						
		****** **** **************************						
Name	Relationship to	you	Step (Y/N)	Geno	er (M/F)	Education cu	urrent or	completed
							*	
				- 				
			-					
List any child	lron not living in ve	ur be	uoobold ole				· · · · · · · · · · · · · · · · · · ·	
List any Gillu	lren not living in yo	oui ne	iusenolo alo	ng with th	eir genaer	and age:		
				· · · · · · · · · · · · · · · · · · ·				
2 DELATIO	Nelline. O	04-4						
3. RELATIONSHIPS: Current Status (check one)								
·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	w Long?			How Lor			
	Never Married	N//	4		Married			
	Living Together				Separa	ted		
	Engaged				Divorce		All IN IN	
			50 00000 1000		Widowe	99000		
Date of mani	iage (if applicable)				1 1100110			
	go (appnounc)		7					
4. FAMILY C	F ORIGIN-							
My Parente a	re (circle one):	2401 T.	agether S	anaratad	Mover	lorded Dan	narried	Diversed
With whom d	lid you live growing	7411 T		eparated				Divorced
Are either of	vous parente dece	and (Mom	Dad	Both Oth	ner?	
Vie einiei Ol	your parents dece	aseu	INO IES	ir yes, ca	ause ot de	am	HOW IOU	g ago?
Value Death				V				
Your Brother				Your S	sters	p		· · · · · · · · · · · · · · · · · · ·
Name	Age		ving (Y/N)	Name		Age		Living (Y/N)
			Se alter es es		DUNCTO SO SERVER AND THE		·	
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Has anyone in your family had a problem with mental problems, alcohol/ drug problems or suicide? (Current family or previous generations - close or distant) NO YES If Yes, please explain.

Losses that I have experienced in my life are...