

## Client Confidential Intake Information

545 N Mountain Ave., Suite 206. Upland, Ca. 91786

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

Phone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

May I have permission to mail to this address? Yes \_\_\_\_\_ No \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Others living at home \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer \_\_\_\_\_ Work Address \_\_\_\_\_

How long have you worked there? \_\_\_\_\_

How long have you worked in this occupation? \_\_\_\_\_

Education: (List highest level of education attained) \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

List any significant health problems: \_\_\_\_\_

\_\_\_\_\_

List any medications you are taking and the dosage:

\_\_\_\_\_

\_\_\_\_\_

Prior Experience in Counseling? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when and with whom? \_\_\_\_\_

Give a brief description of treatment:

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Please describe your current and/or past recreational drug and alcohol use (including prescription drugs).

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How were you referred to our office? \_\_\_\_\_

**Financially Responsible Person's Information:**

Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Phone (if different from above): \_\_\_\_\_

Address (If different from above): \_\_\_\_\_

Insurance Carrier (if applicable): \_\_\_\_\_

Social Security Number of Insured: \_\_\_\_\_

Group Number: \_\_\_\_\_ Member Number: \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_

**Consent for Treatment:**

If client is a minor, please sign consent for treatment:

Client name (minor) \_\_\_\_\_

Parent or guardian name (print) \_\_\_\_\_

Parent or guardian signature \_\_\_\_\_