

Client Intake Form

Please submit and complete the client intake form.

1. Name:
2. Email address:
3. Date:
4. City :
5. State:
6. Zip:
7. Cell Phone-Home Phone:
8. Best time to call:
9. Is it ok to leave a message at all phone numbers and email? If not please specify:
10. Occupation:
11. Name of Business:
12. How long at this employment?
13. Are you happy at this employment? If no, please tell me briefly what you would like to be doing differently?
14. Date of Birth:
15. Age:
16. Emergency Contact:
17. Name and relationships of important people in your life (spouse, partner, children, friends)
18. Do you have any pets, if so what are their names?
19. Education History:
20. Health Status:
21. Do you have any difficulty with sleep? If yes please explain:

22. Are you happy with your current weight and body shape? If no, please briefly tell why?
23. Do you have any history with drugs or alcohol? If yes please describe:
24. Are you seeing a therapist at this time? If yes please describe the reason for seeing a therapist.
25. Do you take any medications? If yes what?
26. Do you exercise regularly? If yes, what type of exercise and how frequently?
27. How many hours of television do you watch daily?
28. What do you enjoy doing on your free time?
29. Is there a secret passion in your life? If yes, what is it?
30. Do you have a higher purpose? If yes, briefly describe.
31. If you knew you could not fail, what would you attempt to do?