

Ron Edeal, MFT, Intake Form

Client Name:				Date:		
Date of Birth:		Place of Birth:		Male	Female	Soc.Sec. #
Phone:	Home: Yes No		Work: Yes No		Cell: Yes No	
Street Address:			City:		Zip:	
Marital Status:		Length of Relationship:		Name of spouse / partner:		
Spouse / partner Occupation:			Spouse / partner Employer:			
Names & Ages of Children:						
EDUCATION: (Circle highest level) JrH HS AA BA MA Ph.D. Other:						
Occupation:			Number Hours / Week:		Number of Years:	
Church Affiliation:			Pastor:			
Referred By:						
IN EMERGENCY Notify:			Relationship:		Contact #:	
If Client is a minor: Name of Responsible Party:						
Responsible Party Contact Numbers:						
HEALTH						
Physician:			Address & Phone:			
Current Problems:						
Medications:						
Allergies:						
Other:						
COUNSELING						
Previous Counseling:						
Issues you worked on:						
Name of Counselors:						
Address & Phone numbers:						
Any Addictions:						
Groups now attending: AA NA Therapy Support				Other:		
What brought you to counseling?						
What are your expectations of counseling?						
Name of Insurance Company:						
ID#			Authorization Number			
Attach Insurance Inquiry Form with complete information			Attach Copy of Both Sides of your Insurance Card enlarged so it is easily readable			