Anita Cooper-Marquez, LMFT

CLIENT INTAKE FORM

Name:________________________ DOB: __________ Ethnicity:________________

Address:______________________________ Phone #: ______________ ☐ cell ☐ work ☐ home
Can we leave a message at this number? ☐ Yes ☐ No

City/State/Zip:______________________________ Alt. Phone #: ______________ ☐ cell ☐ work ☐ home
Can we leave a message at this number? ☐ Yes ☐ No

Email: ______________________________ Car Make:__________Model:__________

License Plate Number:________________

Occupation: ______________________________ Marital Status: ________________

Emergency Contact Info:______________________ Phone #: ______________ ☐ cell ☐ work ☐ home
Can we leave a message at this number? ☐ Yes ☐ No

Primary Physician Name/Phone:____

Psychological History

Have you ever received mental health treatment before? ☐ Yes ☐ No

When and for how long? ____

What was the focus of treatment? ____

Was previous counseling helpful? Why?

____

____

Name of treating therapist(s), address(es), telephone number(s) ______________________________

____

Have you ever been hospitalized for mental or emotional problems? ☐ Yes ☐ No

When and for how long? ____

Areas of Concern

Briefly describe why you are seeking counseling at this time.

____

____

What are some goals you would like to achieve through counseling?

____

____

____

Client Name:______________________

What medications are you currently taking? (Including psychiatric)

___

___

Are you currently using ANY legal or illegal substances? (Please include alcohol and marijuana as well as other drugs)

___

Do you have a history of any of the following? ☐ None of the below

Client Name:______________________

- ☐ Childhood physical abuse/neglect
- ☐ Childhood sexual abuse
- ☐ Suicide attempts
- ☐ Chemical Dependency
- ☐ Victim of Domestic Violence
- ☐ Homicide attempts
- ☐ Self-mutilation (cutting, burning, etc.)
- ☐ Abusive toward others
- ☐ Gambling addiction

Other Information

Please describe your spiritual identity/orientation ____

Please describe your interests/hobbies. ____

Are you seeking counseling related to being involved in legal proceedings? ☐ Yes ☐ No

Please describe. ____

____

Is there any additional information that would help your counselor in working with you?

____

____

____

____

____

____

Client's Signature:____________________________________ Date:_______________________________

Parent/Guardian Signature (if applicable):____

Reviewed:________
Date:_______