

HAVEN COUNSELING

16901 N. Dallas Pkwy, Suite 107
Addison, TX 75001

Phone: (972)-387-3898 www.havencounseling.com Fax: (972)-387-3987

CLIENT INTAKE FORM

(Please Print)

CLIENT INFORMATION

Date: _____ Referred by: _____

Name: _____

Address: _____

Email address: _____

Phone: Home _____ Work _____ Cell _____

May we contact you at your: Home: ___ yes ___ no - Work: ___ yes ___ no

Sex: M ___ F ___ Date of birth: _____ Age: _____

Social Security # _____ DL # _____

Marital status: _____ If married, how long? _____

Spouse name: _____

Your employer: _____ How long: _____

Job title/position: _____

Religion as a child: _____ Currently: _____

Signature of legally responsible adult: _____

People currently in household including yourself

	<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Sex</u>	<u>Education Level</u>
1.	Self	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Children living out of the home _____ Age ____
_____ Age ____

In your own words describe why you are seeking counseling:

Whom have you previously consulted about the problem(s)?

(Names & Dates) -----

Are you currently seeing another mental health professional?

(Names & Dates) -----

List any medication(s) you are currently taking -----

IN CASE OF EMERGENCY

Name of Local Friend or Relative (not living at same address)	Relationship to Client	Home Phone No.	Work Phone No.

PLEASE READ THE FOLLOWING CAREFULLY

I understand that I am responsible for my fee payment at the time of each appointment. I agree to be responsible for the full payment of fees for services rendered.

X

CLIENT/GUARDIAN SIGNATURE

DATE

I hereby consent to treatment by specified provider. Although the chances for obtaining my goals for therapy will best be met by adhering to therapeutic suggestions, I understand that I have a right to discontinue or refuse treatment at any time. I understand that I am responsible, however, for any balance due prior to a decision to stop.

X

CLIENT/GUARDIAN SIGNATURE

DATE