

# Family Builders Counseling Services

Basic Intake Form

List all clients seeking therapy:

**Please Print Clearly**

Client Last Name, First Name:		Male Female	Birthdate:	
Employer/School:			Education Level:	
Street Address:				
City:			State:	Zip:
Home Phone:		Cell Phone:		
Is it ok for our office to identify who we are and where we are calling from when we call above listed numbers? <b>YES NO</b>				
Email:		Preferred Method of Contact: (circle one) <b>email home phone cell phone</b>		
Confirmations of your appointments approximately 48 hours in advance should come to: <b>(circle one or more) email cell phone call cell phone text</b>				

Additional Client Last Name, First Name:		Birthdate:		
Employer/School:			Education Level:	
Relationship:				

Additional Client Last Name, First Name:		Birthdate:		
Employer/School:			Education Level:	
Relationship:				

Additional Client Last Name, First Name:		Birthdate:		
Employer/School:			Education Level:	
Relationship:				

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Basic Intake Form Cont'd p2

Referred By:	Type of Therapy Requested: (circle one) <b>individual    couple    group</b>
Marital Status: (circle one) <b>married    single    separated    divorced    widowed</b>	
Race: (circle one) <b>African American    Asian    Caucasian    Hispanic    Other_____</b>	
Religious Affiliation (if any):	
Days/Times Most Convenient for Appointments:	
Have you been treated by a therapist before? <b>YES    NO</b>	
If YES, who:	
Are you here today because of a legal situation? <b>YES    NO</b>	
If YES, please explain:	
Are you here today because you need someone to testify for you in court? <b>YES    NO</b>	
If yes, are you aware that there are extra fees involved for court testimony? <b>YES    NO</b>	
Are you here to begin the process of applying for disability? <b>YES    NO</b>	
Does a report of today's meeting need to be sent to someone? <b>YES    NO</b>	
If yes, who?	
Are you dealing with any of the following addictions: (circle) <b>drugs    alcohol    pornography    other sexual addictions</b>	
Reason for Seeking Therapy:	

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Basic Intake Form Cont'd p3

Please read completely the Duty to Warn below  
Each client seeking therapy (except minors) must sign below.

## Duty to Warn

There are occasions when a therapist legally must reveal a confidence. They include:

1. When the client requests it
2. When there is a clear danger to the client (suicide or self-destruction)
3. When there is a danger to others (therapist believes you may hurt someone)
4. When therapist suspects child abuse
5. When therapist believes that your emotional condition makes you unable to care for yourself or people for whom you are responsible
6. When filing insurance
7. When therapist is subject to subpoena they must report what is required by court Order
8. In order to defend therapist against charges arising from therapy

**Signing below indicates you have read and understand the above policies.**

Client Signature:	Date:
Client Signature:	Date:
Client Signature:	Date:
Client Signature:	Date: