

## Ron Edeal, MFT, Intake Form

Client Name:				Date:		
Date of Birth:		Place of Birth:		Male	Female	Soc.Sec#
Phone: numbers ~ May I call You	Home: Yes No	Work: Yes No	Cell: Yes No			
IF Client is a minor: Name of responsible party:						
Responsible party contact numbers	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:						
Insurance Company:						
Authorization Number:			Copy of Insurance Card			
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 #:		
<b>HEALTH</b>						
Physician:			Address & Phone:			
Current Problems:						
Medications:						
Allergies:						
Other:						
<b>COUNSELING</b>						
Previous Counseling:						
Issues you worked on:						
Name of Counselors:						
Address & Phone numbers:						
Any Addictions:						
Groups now attending: AA NA Therapy Support			Other:			
<b>Presenting Problem:</b>						
<b>What are your expectations of counseling?</b>						