

# INSPIRED Counseling & Consultation, P.L.L.C.

## Client Intake Information

Client Legal Name: \_\_\_\_\_

Responsible party if client is a minor: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

May I leave a message? No \_\_\_\_\_ Yes \_\_\_\_\_ Mobile \_\_\_\_\_ Home \_\_\_\_\_

Email Address: \_\_\_\_\_

May I leave a message? No \_\_\_\_\_ Yes \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Female \_\_\_\_\_ Male \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Level: \_\_\_\_\_

Religious/ Cultural Preferences: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Name of Spouse/ Partner \_\_\_\_\_

Address: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Referred By: \_\_\_\_\_

Do I have your permission to release information to the referring professional? Y \_\_\_\_\_ N \_\_\_\_\_

Children Name(s) / Ages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_