



*Marie
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LPC-S

P 512-863-4466
1006 Rock Street
Suite 101
Georgetown, TX

Intake Form

I. Identifying Information

Client Name _____ Age _____

Today's date: _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____

Phone _____

Social Security # _____ Sex: M F

Primary Care Physician _____ Phone # _____

Referred By: _____

Can a message be left at an assigned phone number? If so, what number? (_____) _____

If a Minor:

Mother's Name _____ Age _____

Address _____

Phone _____

Step Mother's Name _____ Age _____

Address _____

Phone _____

Father's Name _____ Age _____

Address _____

Phone _____

Step Father's Name _____ Age _____

Address _____

Phone _____

Sponsor's Name(s) _____

Phone _____

Address _____



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II. Presenting Problem/Complaint

Nature of complaint? _____

When did the problem begin (date of onset)? _____

How often does it occur? _____

How does it affect your daily functioning? _____

Are there events, situations, and person(s) that participate it? _____

Previous treatment (List by whom, outcome, and reason for termination of treatment)

III. Educational/Occupational History

Education (highest grade achieved; school performance/special classes/special needs)

Occupational (job status, kinds of jobs, length of employment, vocational interests)



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IV. Health History

Childhood disease, prior illnesses, surgery, etc _____

Family health (grandparents, parents, siblings) _____

Current medication (prescribed and over the counter) _____

V. Marital History

Marital Status: Years married, number of children (problems, stressors, enjoyment)

Client's description of current relationship with spouse

Client's perception of sexual relationship (attitudes and behavior) _____
