

Laurel Fay & Associates, LLC

Licensed Marriage and Family Therapists

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CLIENT INTAKE

Today's date _____ Your therapist's name _____

Name (both if couple) _____ Date of Birth _____

Address _____

City, State, Zip _____

Phone Numbers: Home _____ Work _____ Cell _____

Which number is the best to reach you? _____

Email Address (thereby giving your permission to be contacted by us via email):

How did you hear about our services? (if from a website, please be as specific as possible):

Occupation (self or parents): _____ Work location: _____
(city, state)

Names and birthdates of children: _____

If relevant, who has legal custody? _____

Whom can I call in case of emergency? _____

	Name	Phone	Relationship
Are you currently being treated by a physician? If so, for what?	_____	_____	_____

Physician Name: _____

Current medications, if any: _____

Please list past or present therapists, and dates of service: _____

How do you hope therapy will help you? _____

As you see it, what is bothering you most right now? _____

Has anything like this happened before? When? _____

What led you to seek help at this time? _____

How would you like to change things? _____

