

TotalGenesis Counseling & Wellness
Client Intake Information Form

First Session:

Counselor:

Client ID:

Client Name

DOB (MM/DD/YYYY)

Address

City

State

Zip Code

Phone/Email (Please list any phone numbers or email addresses we may use to contact you)

May we leave a message?

Yes

No

Phone number

home

mobile

work

other (select one)

Phone number

home

mobile

work

other (select one)

Email address



TotalGenesis

BEGIN AGAIN

Emergency Contact Person

Relationship to Client

Phone Number(s)

Referral Source:

Clergy

Former Client

Friend

Mental Health Agency

Physician

Educator

Website

Psychology Today

Insurance Co.

Other

Referral Name:

Permission to write a thank you note to Referral source (please initial)

Yes

No

I certify that the above information is accurate:

Signature of Client (or guardian)

Date