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Counseling Intake Form

Today's Date: _____

Identification

Name: _____ Date of Birth: _____ Age: _____
 Nick Names or Aliases: _____ Social Security Number: _____
 Home Street Address: _____ Apt. Number: _____
 City: _____ State: _____ Zip Code: _____
 Gender: _____ Race: _____ Ethnicity: _____ Sexual Orientation: _____

Contact Information

Please complete relevant information and indicate the number at which you wish to be contacted first.

Phone Numbers

Home: _____
 Work: _____
 Cell: _____

OK To Leave Message?

Yes No
 Yes No
 Yes No

Primary Contact Number

Email: _____ Is it ok to send you an email? Yes No

Yes No Email as primary means of communication?

Please note that if you choose email as your primary means of contact that any and all information transmitted is not secure and is the least confidential means of communication.

Initial: _____

Relationship information

Are you currently in a relationship: Yes No

If yes is this a polyamorous relationship: Yes No

If yes is this an open relationship: Yes No

If you are currently in a relationship please describe: _____

Do any of the following apply:

Married How Long _____
 Committed Relationship How Long _____
 Divorced How Long _____
 Separated How Long _____
 Widowed How Long _____

Spouse/Partner(s)/Significant Other(s) Name(s): _____

If I am unable to reach you, is it OK to contact your spouse/partner(s)/S.O's: Yes No

If yes, contact numbers: _____



Counseling Intake Form Continued

Employment

Are you currently employed: Yes No

Employer Name: _____

Emergency Contact Information

Please provide information for a primary and secondary emergency contact

)
Name: _____ Address: _____

Phone Number(s): _____ Relationship to you: _____

)
Name: _____ Address: _____

Phone Number: _____ Relationship to you: _____

)
Name: _____ Address: _____

Phone Number: _____ Relationship to you: _____

Primary Care Physician

Current Physician: _____

Physician Address: _____

Physician Phone Number: _____ Physician Fax Number: _____

Referral Information

By whom were you referred? _____

Phone Number: _____ Fax Number: _____

If you were not referred, how did you find out about my psychotherapy services: _____

Please briefly describe why you are seeking counseling at this time: _____
