

Intake and Screening

Client Demographic Information

Referral Source: (If legally/agency mandated, see questions #1 & #2)
Name:
Date of Birth:
Age (If minor confirm Biological Parent):
SSN/Insurance ID #:
Telehealth or In-Person?

- 1) Are there any current or pending court or legal issues (workers comp, lawsuits, custody, divorce, etc.)? (Y/N)
- 2) Are any outside agencies requiring you to obtain therapy? If so, does it require a Licensed Clinician? (Y/N)
- 3) Are you currently on or have you ever been on the sex offender registry (California Penal Code 290)? (Y/N)
- 4) Are there any current alcohol or substance abuse issues? Is this your primary reason for seeking therapy? (Y/N)
- 4) Are you a BAART client? (Y/N)
- 5) Are there any concerns regarding danger to yourself/herself or others? (Y/N)
- 6) Have you been hospitalized in a psychiatric hospital in the last 6 months? (Y/N)
- 7) Are you hearing or seeing things that are out of the ordinary or that you feel is a concern? (Y/N)
- 8) Have you ever been diagnosed with an eating disorder, intentionally undereating or overeating? (Y/N)
- 9) Have you been involved in domestic abuse resulting in violence in the last year? (Y/N)
- 10) Is the person seeking therapy non-verbal? (Y/N)

Mandate

We are mandated to see Mild to Moderate clientele. If it is determined by your therapist that the case is too severe for our mandate, we will refer the client to alternative services.

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Client Demographic Information (Continued)

Marital Status:
Race/Ethnicity:
Gender:
Preferred Pronouns:

Current Address/Mailing Address:
City:
Zip Code:
Phone Number:
Email:

Couples

Partner Name:
Date of Birth:
Address:
City:
Zip Code:
Phone Number:

Family Member(s)

Name:	Name:
Date of Birth:	Date of Birth:
Address:	Address:
City:	City:
Zip Code:	Zip Code:
Phone Number:	Phone Number:

Name:	Name:
Date of Birth:	Date of Birth:
Address:	Address:
City:	City:
Zip Code:	Zip Code:

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Phone Number:	Phone Number:
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Name:	Name:
Date of Birth:	Date of Birth:
Address:	Address:
City:	City:
Zip Code:	Zip Code:
Phone Number:	Phone Number:

For Kids (If Applicable)

**Are you a Guardian or Biological Parent?

Guardian Questions:

- 1) Can you provide guardianship paperwork?
 - a. Yes: You will need to provide documentation by 1st session
 - b. No: Cannot be scheduled until they provide documentation

Guardian Name:
Date of Birth:
Address:
City:
Zip Code:
Phone:
Email:

Parent Questions:

Are you and the client's biological parent currently legally married?

Have you and the other client's biological parent ever been married?

Are there any custody orders in place?

Is the other parent willing to consent?

Biological Parent Information

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Parent Name:
Date of Birth:
Address:
City:
Zip Code:
Phone:
Email:

Parent Name:
Date of Birth:
Address:
City:
Zip Code:
Phone:
Email:

Medical Contact Information

Doctor Name/Agency:
Phone Number:

Emergency Demographic Information

Car Make/Model/License Plate Number:
Work Phone:
Mailing Address:
Current Employer:

Client Emergency Contact Form

Name:
Relationship:
Address:

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Phone (Work or Cellphone):
Employer: