

# Vida Relationships - Intake Form (Individual)

First apt. date: \_\_\_\_\_ Final apt. date: \_\_\_\_\_

**Client Name:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

Address:

\_\_\_\_\_

\_\_\_\_\_

GP: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ May I leave a message? Y/N

Cell/other: \_\_\_\_\_ May I leave a message? Y/N

E-mail: \_\_\_\_\_ May I email you? Y/N

Referred by: \_\_\_\_\_

Any previous counselling? Currently seeing a therapist?:

\_\_\_\_\_

\_\_\_\_\_

Any health concerns? Any medication?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_