

Fresh Perspectives Counseling
2312 Western Trails Blvd., Suite C-301
Austin Texas 78745
<http://www.fpcounseling.org>

Intake Form

Today's Date: _____

Your Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (cell) _____ (work) _____ (home) _____

In case of emergency, whom should I contact? Name: _____

Phone number: _____ Relationship to you: _____

Your Email Address: _____

Your Occupation: _____ Spouse/Significant Other's _____

Your Highest Level of Completed Education: _____

Relationship Status: Single _____ Dating _____ Engaged _____ Married _____
Separated _____ Divorced _____ Step Family _____ Cohabiting _____

Children: (In the space below, please list your children's names, ages, and dates of birth.)

Marital History:

Current Marriage:

Date Began _____ Name of Spouse _____

Number of Children _____

Previous Marriages:

1. Date Began _____ Date Ended _____

Name of Spouse _____ Number of Children _____

2. Date Began _____ Date Ended _____

Name of Spouse _____ Number of Children _____

Religious Affiliation, if any: _____

Primary Physician's Name: _____

List any medications you are currently taking:

List any health problems you are currently receiving treatment for:

How were you referred to or how did you hear about Fresh Perspectives Counseling and/or your counselor?

Have you ever received counseling services before? _____

If yes, please indicate: When? _____

For what reason? _____

Are you currently seeing another counselor, psychologist or psychiatrist? _____

If so, who? _____

Please provide a brief description of your reason for seeing a counselor:

Are you currently feeling _____ suicidal, _____ homicidal or _____ fearful for your life? Please check any that apply.