

# J. Martin Therapy Intake Form

Please print legibly.

## Client Information

Client's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

(Last) (First) (Middle Initial)

Gender: M F Age: \_\_\_\_ Birth date: \_\_\_\_\_ Birth Place (City & State) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ May we leave a message at home? Yes No

Work Phone \_\_\_\_\_ May we leave you a message at work? Yes No

Cell Phone \_\_\_\_\_ May we leave a message on the cell? Yes No

E-mail \_\_\_\_\_ May we email you about appointments? Yes No

**Responsible Party, if the client is an underage minor: Who is the legal guardian?** \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Birth date: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

May we call you or leave a message for you at: Home [ ] Work [ ] Your Cell [ ]

**Important persons to contact in case of emergency (Please provide name and telephone number):**

[ ] Spouse [ ] Parent [ ] Other \_\_\_\_\_

# # #

## Employment Information

Check One: \_\_\_ Employed Full-Time \_\_\_ Employed Part-Time \_\_\_ Unemployed \_\_\_ Retired

Client Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

How long have you worked for your current employer? \_\_\_\_\_

## Personal History

Primary Language: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Was the client adopted? Yes \_\_\_ No \_\_\_ Lived at any time in foster care? Yes \_\_\_ No \_\_\_

Is the client a student? Yes \_\_\_ No \_\_\_ Name of School/College \_\_\_\_\_

\_\_\_ Part-Time Student \_\_\_ Full-Time Student Highest grade/education/degree completed \_\_\_\_\_

Marital Status: \_\_\_ Never Married \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced  
\_\_\_ Widowed \_\_\_ Common Law \_\_\_ Engaged \_\_\_ Partners

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Spouse/Partner's Name: \_\_\_\_\_

(Last) (First) (Middle Initial)

Gender: M F Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Length of Relationship: \_\_\_\_\_

Check One:  Employed Full-Time  Employed Part-Time  Unemployed  Retired

Spouse/Partner Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

How long has he/she worked for the current employer? \_\_\_\_\_

**Children and/or dependents currently at home & their ages:**

\_\_\_\_\_  
\_\_\_\_\_

**Briefly describe your reason for seeking therapy:** \_\_\_\_\_

\_\_\_\_\_

**Referred By? How Did You Hear About Us? (Check all that apply):**

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> I am a former client returning. How long ago? _____ | <input type="checkbox"/> Family or Friend            | <input type="checkbox"/> A client     |
| <input type="checkbox"/> Brochure/Flyers                                     | <input type="checkbox"/> Internet search             | <input type="checkbox"/> Yellow Pages |
| <input type="checkbox"/> Employer/Supervisor                                 | <input type="checkbox"/> Colleague                   |                                       |
| <input type="checkbox"/> School _____  | <input type="checkbox"/> Website _____               |                                       |
| <input type="checkbox"/> Physician _____                                     | <input type="checkbox"/> Probation _____             |                                       |
| <input type="checkbox"/> Another Therapist _____                             | <input type="checkbox"/> Minister/Priest/Rabbi _____ |                                       |
| <input type="checkbox"/> Word of mouth                                       | <input type="checkbox"/> Other _____                 |                                       |

**PLEASE SIGN BELOW TO INDICATE THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT:**

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Foster Parent/Conservator/Other  
(Required if participant is a minor, under age 18)

\_\_\_\_\_  
Date