



ART and SHELTER[©]

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Client Intake Form for clients 14 and up

Name: _____ Birth Date: _____ Gender: _____

Address: _____

Preferred Phone: _____ May I leave a message? Yes No

Other phone: _____ May I leave a message? Yes No

Email*: _____ May I email you? Yes No

*Please note that email is not considered to be a confidential medium of communication

Emergency Contact Information: _____

Emergency Contact Number _____ Relationship to you _____

How did you hear about my services? _____

Have you seen a therapist before? Yes No

If yes, please describe what was helpful & what was not?

Is there anything about your culture, sexual preference, or race that you'd like me to know? Yes No

Please describe if you answered Yes.

If you currently work part time or full time, how satisfied are you? (Home-makers and teens, this applies to you too)

Very Satisfied It's good So, so Sort of hate it Really don't like it

Do you have children? Yes No

Please "x" one of the following. Are you:

Single In a committed relationship Recently separated/broken up/divorced

Have you ever lost a significant other (family member or partner)? No Yes

How would you describe your overall health? Very good Good Not great Poor

Please note your primary medical practitioner?

His/her contact information: _____

Please list any health issues or allergies that I should be aware of:

How do you rate your sleep over the past 2 weeks?

Really good Okay Sort of bad I'm tired a lot Other: please specify here:

How often do you exercise for at least 30 minutes straight per week?

Less than once/week 2 to 3 times/week 4 or more times per week.

Have you gained or lost more than 10 pounds in the past 2 weeks? Yes No

Please list your diagnoses:

Diagnosis

How long ago were you diagnosed?

1)

2)

3)

4)

Do you smoke cigarettes or cigars? Yes No

Do you drink alcohol? Yes No

Do you use any other substances? Yes No

If yes to any of the above, please specify how often and how much:

Please add anything else you'd like to share:

Thank you for completing this form