



Humanistic Counseling Center  
PO Box 24242  
Cleveland, OH 44124  
P: 216-839-2273  
F: 216-896-0735

**Intake Form**

Therapist \_\_\_\_\_

Date \_\_\_\_\_

Client Name \_\_\_\_\_ Client Parent or Guardian \_\_\_\_\_

*(If Applicable)*

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email\* \_\_\_\_\_

*\*We have permission to contact you through non-secure email*

Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender Identity/Administrative Identity \_\_\_\_\_/\_\_\_\_\_

Religion \_\_\_\_\_ SSN \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Sp Age \_\_\_\_\_ Sp Employer \_\_\_\_\_

Who Currently lives in your household? \_\_\_\_\_

Names and Ages of children, if any \_\_\_\_\_

Your mother's age \_\_\_\_\_ & marital history \_\_\_\_\_

Your father's age \_\_\_\_\_ & marital history \_\_\_\_\_

Name and ages of brothers and sisters \_\_\_\_\_

Have you ever been in counseling before? YES NO If yes, when, with who, & for how long?

List any medical problems, serious injuries or hospital admission you have had \_\_\_\_\_

List present medications \_\_\_\_\_

Allergies \_\_\_\_\_

How much alcohol do you drink weekly \_\_\_\_\_ Do you have addictive behavior patterns? YES NO

Any history of alcoholism, addictive behaviors, or abuse in the home you grew up in? YES NO

Who? \_\_\_\_\_

Was the problem long lasting? YES NO Are you concerned about any possible addictions?

YES NO If yes, please describe: \_\_\_\_\_

What changes would you like help with? \_\_\_\_\_

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Person to call in case of emergency \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_