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## Client Intake Form

The information in this form is helpful to me for clinical reasons and also emergency situations.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Date of birth \_\_\_\_\_ Referred by \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (Home) \_\_\_\_\_ Work  Cell  \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Emergency Contact Person \_\_\_\_\_  
Relationship \_\_\_\_\_ Telephone \_\_\_\_\_  
Physician \_\_\_\_\_ Date of last physical \_\_\_\_\_

Previous counseling or psychotherapy \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current or chronic health problems \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Regular medications \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drug/alcohol use \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What brings you to therapy at this time? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other information you would like me to know before we begin? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_