



Intake Form

Name: _____ Date: _____

Telephone number: _____ May we leave a message at this number? ___Y___N

May we text you at this number? ___Y___N

E-mail address: _____ May we email you at this address? ___Y___N

Home Address: _____
(Street) (City) (State) (Zip)

Children (Siblings if for a teen)

Name	Birthdate	Gender

Help Us Get to Know You:

D.O.B: ___/___/___ Age: _____

Gender: _____

Ethnicity:

- African American/Black
- American Indian/Alaska Native
- Arab American/Arab
- Asian American/Asian
- Caribbean
- East Indian
- European American/White
- Hispanic/Latino
- Native Hawaiian/Pacific Islander
- Multi-racial
- White
- Other _____

Sexual Orientation:

- Heterosexual
- Lesbian
- Gay
- Bisexual
- Questioning
- Self-Identify _____

Relationship Status

- Single
- Serious dating or committed relationship
- Civil union, domestic partnership or equivalent
- Married
- Separated
- Divorced
- Widowed

Employer: _____ Position: _____

Health Status:

- Excellent
- Good
- Fair
- Poor

Are you covered by health insurance? ___Y___N Name of carrier: _____

Are you currently under a physician's care? ___Y___N Conditions being treated: _____

Physician's Name: _____

Please list medications you are currently taking and their purpose: _____

Please list any disabilities (learning, physical, etc.) you have. _____

Have you ever consulted anyone professionally (psychiatrist, psychologist, counselor, etc.) about your concerns or problems? ___Y___N

Who: _____ Where: _____ When: _____

Emergency Contact:

Emergency Contact: _____ Relationship: _____ Emergency Phone #: _____

How did you hear about Wandering Lotus Counseling (check all that apply)?

- Staff
- Friend
- Website
- Other _____
- Referral _____

We Want to Help You:

In your own words, please indicate why you are coming to counseling. _____

-CONFIDENTIAL-

Thank you for taking the time to complete this form.