



2243 Main Ave. Suite 4 #20 Durango, CO 81301 970-422-7334

## Client Intake Form

Date: \_\_\_\_\_

### Demographic Information

Client(s) name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

Profession/Position: \_\_\_\_\_

Employer: \_\_\_\_\_

### Family Information

Relationship Status:

Married (how long \_\_\_\_\_)

Divorced (how long \_\_\_\_\_)

Single

Separated (how long \_\_\_\_\_)

Widowed

Spouse/Other: \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_

Spouse phone: \_\_\_\_\_

Children's Names & Ages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Durango Family Therapy?

Website/Internet

Psychology Today

Friend/Family

Other \_\_\_\_\_

### Other Information

Religion/Denomination: \_\_\_\_\_ Activity level: \_\_\_\_\_

Medical:

Physician's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Current Medications: \_\_\_\_\_ Dosage: \_\_\_\_\_

Current Medical Conditions/Symptoms: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any changes in eating/sleeping/work habits recently? \_\_\_\_\_

\_\_\_\_\_

Suicidal Thoughts:  Yes  No

Do you plan to carry out those thoughts?  Yes  No

If yes, what is your plan? \_\_\_\_\_

### Substance Abuse and Trauma Information

Alcohol/Drug Consumption:

Do you use alcohol?  Yes  No

How much? \_\_\_\_\_ How often? ? \_\_\_\_\_

Do you use other drugs?  Yes  No

How much? \_\_\_\_\_ How often? ? \_\_\_\_\_

History of addiction in your family: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

History of Abuse:

Physical  Sexual  Neglect  Verbal/Emotional

Please Briefly Describe: \_\_\_\_\_

\_\_\_\_\_

If Client is a Minor:

Name of parent or legal guardian \_\_\_\_\_

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

Phone No. \_\_\_\_\_

**Signature of Client(s):** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Client(s):** \_\_\_\_\_ **Date** \_\_\_\_\_