



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** _____