



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

Client Intake Form

Date: _____

Demographic Information	
Client(s) name:	
Age:	DOB:
Address:	
Email Address:	
Home Phone:	
Work/Cell Phone:	
Profession/Position:	
Employer:	

Family Information	
Relationship Status:	
<input type="checkbox"/> Married (how long)	<input type="checkbox"/> Divorced (how long)
<input type="checkbox"/> Single	<input type="checkbox"/> Separated (how long)
<input type="checkbox"/> 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: _____
Relevant Medical Information: _____	
Current Medications: _____	Dosage: _____
Current Medical Conditions/Symptoms: _____	
Suicidal Thoughts: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you plan to carry out those thoughts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is your plan?	

Substance Abuse and Trauma Information	
Alcohol/Drug Consumption:	
Do you use alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How much? _____	How often? _____
Do you use other drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How much? _____	How often? _____
History of addiction in your family:	
History of Abuse:	
<input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Neglect <input type="checkbox"/> Verbal/Emotional	

If Client is a Minor:
 Name of parent or legal guardian _____
 Address: _____
 Phone No. _____

Signature of Client(s): _____ **Date** _____

Signature of Client(s): _____ **Date** _____