



Leslie F Small  
Professional Counseling Services  
9 Davison Avenue  
Suite #3  
Jamesburg, NJ 08831  
(732) 997-0214

# Client Intake Form

Please provide the following information and answer the questions below. Please note: information you provide here protected as confidential information.

Client Information						
Last Name			First Name		Middle Initial	
Date of Birth (MM/DD/YY)	Age (Yrs)	Gender	Phone # (Home)		Phone# (Mobile)	
			( ) -		( ) -	
Street		City	State	Zip	May I leave a message? (Y/N)	
Email Address			Marital Status		Referred by (optional)	
Guardian/Responsible Party Information (If client is under 18)						
Last Name			First Name		Middle Initial	
Date of Birth (MM/DD/YY)	Age (Yrs)	Gender	Phone # (Home)		Phone# (Mobile)	
			( ) -		( ) -	
Street		City	State	Zip	May I leave a message? (Y/N)	
Email Address			Marital Status		Referred by (optional)	
Partner/Spouse Information (If applicable)						
Last Name			First Name		Middle Initial	
Date of Birth (MM/DD/YY)	Age (Yrs)	Gender	Phone # (Home)		Phone# (Mobile)	
			( ) -		( ) -	
Street		City	State	Zip	May I leave a message? (Y/N)	
Email Address			Marital Status		Referred by (optional)	
Questionnaire						
Have you ever received any type of mental health services? (If yes, describe services and provide name of treating practitioner)						
No	Yes:					
Have you ever taken or been prescribed any psychiatric medications? (If yes, please list the medications)						
No	Yes:					
Are you currently taking any psychiatric medications? (If yes, please list the medications and prescriber)						
No	Yes:					

How would you describe the reason you are seeking therapy?	
Have you ever felt this way before? If so, what did you do?	
What would you like to get out therapy?	
Do you have a problem with drugs or alcohol? If yes, describe use.	
Are you now having or have you ever thoughts about killing yourself or someone else? If yes, describe.	
Signatures	
Client Printed Name:	_____
Client Signature:	_____ Date: _____
Guardian Printed Name:	_____
Guardian Signature:	_____ Date: _____