



Client Intake Form

Name: _____ Date: _____ D.O.B.: _____

Address: _____

Day Phone: _____ Cell Phone: _____

Email: _____

Age: _____ Gender: _____ Race: _____

Reason For Visit: _____

Have you worked with a counselor or coach before: _____ When: _____

If yes, please tell me your experience: _____

What is your goal in working with me: _____

Emergency Contact Info

Name: _____

Relation: _____ Phone: _____