

Individual Client Intake Questionnaire

1. **Name:** _____
2. **Social Security Number:** _____ - _____ - _____
3. **Drivers License Number:** _____
4. **Phone Number:** (____) _____ - _____
5. **Race:** _____
6. **Sex:** _____
7. **Date of Birth:** _____
8. **Marital Status:** Married Single Divorced

If married, Spouse's name: _____

If married, Spouse's phone number: (____) _____ - _____

If married, Spouse's address: (if different)

9. **Home Address:** _____

10. Mailing Address: _____

11. Email Address: _____@_____

12. Children: (Yes/No) _____

If yes, how many? _____

If yes, children's names, ages, and sex:

13. Emergency Contact Name: _____

Phone Number: (____) _____ - _____

Address: _____

14. Education: _____

Degree: _____
(Month/Day/Year)

15. Military:(Yes/No) _____

If yes, are you active? _____

What branch? _____

How long have/did you serve(d)? _____

16. Profession: _____

17. Certification # and State: _____

18. Employer Name: _____

Phone Number: (____) _____ - _____

Address: _____

19. Alimony/Child Support (Yes/No) _____

If yes, monthly payments? \$ _____

20. Monthly Income \$ _____

21. Are you currently undergoing any kind of counseling?
(Yes/No) _____

22. Are you currently on any Medications? (Yes/No) _____

If yes, what medications are you taking? _____

23. Are you currently taking any drugs? (Yes/No) _____

If yes, what? _____

For how long? _____

24. Does the Reason you are here involve an Arrest? (Yes/No) _____

If yes, Date of Arrest: _____

Estimated Time of Arrest: _____ (a.m./p.m.)

Arresting Officer: _____

Investigating Officer: _____

Did you give a Statement? (Yes/No) _____

If Statement given, how? _____

Statement given to whom? _____

Were you read your Miranda Rights? (Yes/No) _____

25. Reason for Your Visit Today: _____

26. Best Possible Outcome: _____

27. Realistic Goal: _____

Reference 1: _____

Reference 2: _____
