

Becky Z. Moorefield, LCSW

New Client Intake-Adult

Date: _____

Client Name: _____

Address: _____		
City/Zip: _____		
Hm Phone: _____	Cell: _____	Wk: _____
SSN: _____	DOB: _____	
Employer: _____		
Address: _____		
Position: _____	Time on job: _____	

Partner Name: _____ Marital Status _____

DOB: _____ SSN: _____

Employer: _____ Position: _____

Names and Ages of other Household Members:

1. _____
2. _____
3. _____
4. _____

What brings you in for counseling today? _____

Referred By: _____

Have you seen a counselor before? ____ yes ____ no

If so, With whom? _____ Dates: _____

Level of satisfaction/outcome: _____

Current Stressors: _____
