**INTAKE REPORT**

**Name**: **Date of Intake Session(s):**

**Date of Birth**: **Date of Report**:

**Marital Status**: **Living Arrangement**:

**Occupation**: **Home Address**:

**Tel. Number(s):**

**OK to leave message?:**

**Emergency Contact and Number**:

**Referral Source**:

**Brief Description of the Client:**

**Presenting Difficulties:**

**History of the Presenting Difficulties:**

**Significant Life History and Background Information:**

**Significant Medical History:**

**Clinical Observations and Impressions**:

**Diagnostic Impressions:**

**Preliminary Clinical Formulation:**

**Recommendations and Preliminary Treatment Plan:**

**Description of Treatment Contract and Informed Consent / Additional Comments:**

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Signature