

THERAPY INTAKE FORM

Client Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Phone Number: _____

Insurance Information:

Insurance Provider: _____

Policy Number: _____

Group Number: _____

Referring Physician (if any):

Name: _____

Phone Number: _____

Presenting Problem / Reason for Seeking Therapy:

(Describe briefly your current concerns, symptoms, or issues you want to address in therapy.)

History of Presenting Problem:

(Include onset, duration, severity, previous treatment, medications, or other relevant information.)

Mental Health History:

Have you ever received mental health treatment before? Yes No

If yes, please describe: _____

Medical History:

Please list any significant medical conditions, hospitalizations, surgeries, or current medications:

Substance Use History:

Do you use alcohol, tobacco, or recreational drugs? Yes No

If yes, please specify frequency and type: _____

Family and Social History:

Briefly describe your family background, significant relationships, and social support:

Legal History:

Have you ever been involved in legal proceedings relevant to your treatment? ■ Yes ■ No

If yes, please explain: _____

Goals for Therapy:

Please describe your goals and what you hope to achieve through therapy:

Consent and Agreement:

I, the undersigned, hereby consent to receive mental health services from the therapist. I understand that therapy is a collaborative process and that the therapist will keep my information confidential except as required by law (including but not limited to situations involving harm to self or others, abuse, or court orders). I understand the limits of confidentiality, my rights to privacy, and the risks and benefits of therapy. I acknowledge that I have had the opportunity to ask questions and that I may withdraw consent at any time. I agree to comply with appointment schedules and payment terms as outlined by the therapist.

CLIENT'S SIGNATURE

THERAPIST'S SIGNATURE

Signature: _____

Signature: _____

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