
Client Intake Form Therapy

- **Personal Information:**

- Name: _____
- Date of Birth: _____
- Gender: _____
- Contact Information: _____

- **Health History:** _____

- **Current Concerns:** _____

- **Therapy Goals:**

- **Emergency Contact Information:**

- Name: _____
- Relationship: _____
- Contact Number: _____

- **Consent to Therapy:** Yes No

- **Client Signature:** _____

- **Date:** _____