



Baton Rouge Counseling Associates, LLC
NEW CLIENT – ADULT INTAKE FORM

Name: _____ Date: _____

Address: _____ City: _____ State: _____

Phone: (home) _____ (cell) _____ (work) _____

Email: _____ Occupation: _____

Age: _____ DOB: _____ Marital Status: _____ Education: _____

Describe your reason(s) for seeking help: _____

List any medications you are currently taking: _____

Name of Physician: _____ Date of last exam: _____

Ever been to a counselor before? _____ Reason for termination: _____

List the members of your family or the others in your home:

Names	Age	Relationship	Occupation	Employment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Who referred you to this office? _____

Emergency Contact: _____ Phone: _____

I, the responsible party (the undersigned), acknowledge that I/we have read the copy of the "Declaration of Practices and Procedures" issued by the counselor at Baton Rouge Counseling Associates.

Client(s) Signature(s): _____ Date: _____

Client(s) Signature(s): _____ Date: _____

Counselor's Signature: _____ Date: _____