

Redding Counseling, LLC
Lenore Pranzo, MA, LMFT, Cht

Client Intake Form

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Is it ok to leave message?: _____

Alternate Phone: _____ Is it ok to leave message?: _____

Emergency Contact Name: _____ Phone: _____

Email _____

Birth Date: _____ Marital Status: _____

Spouse's Name: _____

Employer/School: _____ Highest Grade Completed: _____

Primary Language Spoken at home: _____ Spiritual Preference: _____

Referral Source: _____ Is it OK to thank them? _____

Household Composition

Adults/Male or Female	First Name	Last Name	DOB	Marital Status

Children	First Name	Last Name	DOB	Relationship	Gender	Primary Residence
1 st						
2 nd						
3 rd						
4 th						

Insurance Information – Fill out if haven't given card for copy

Primary Insurance:	_____	ID#	_____
Group #	_____	Telephone:	_____
Carrier:	_____	DOB:	_____
Secondary Insurance:	_____	ID#	_____
Group #	_____	Telephone:	_____
Carrier:	_____	DOB:	_____

Description of the presenting problem:

Previous treatment including substance abuse treatment:

Inpatient:

Outpatient:

What did you feel was helpful from previous treatment(s) and what wasn't helpful:

What outcomes do you want from therapy?

What have you tried to do for this problem?

Do you have any health issues or concerns?

List all medications taken by client:

Medication	Dosage	Prescribing physician