AUSTIN PROFESSIONAL
COUNSELING

Client Intake Information

Date: ____________________

Name		Birth Date
Address		E-mail
City/State/Zip		Home Phone
Cell Phone		Work phone
Billing Name/Address if different from above		
Ethnic Background		Gender
Occupation	Employer/School	Part or Full Time?
Marital/Partner Status		Spouse/Partner's Name
Spouse/Partner's Phone Number		Spouse/Partner's Occupation
Family Physician's Name		Psychiatrist's Name
Name(s) of previous therapist(s) and dates seen		
Names/dosages/frequency of medication you are taking		
Name of nearest, close relative, his/her relationship to you, and his/her phone number		
Name of person or place who referred you here		

Please check any of the following items which concern you:

_____ Self-esteem, self-confidence
_____ Anxiety, nervousness, fears
_____ Depression
_____ Sexual concerns
_____ Angry, hostile feelings
_____ Traumatic experiences
_____ Physical distress
_____ Eating or appetite problems
_____ Alcohol or drug problems
_____ Sleep problems
_____ Parent-child problems
_____ Spiritual/Existential issues
_____ Family conflicts or pressures
_____ Friendship conflicts
_____ Relationship/marital concerns
_____ Shyness, being assertive
_____ Loneliness
_____ Procrastination or motivation
_____ Gay/Lesbian issues
_____ Suicidal feelings or behaviors
_____ Stress
_____ Self-control
_____ Health problems
_____ Work or career concerns

Please put a *second* check next to those that are of particular concern to you right now.

If you would like, please describe briefly the concern(s) that brings you here:

____
____
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HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) provides clients with several new or expanded rights with regard to your clinical record and disclosures of protected health information. Signing below indicates that you have been offered a copy of the "Notice of Privacy Practices" which explains the policies used and your rights related to your protected health information, and that you agree to the terms it delineates during our professional relationship.

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Client's Signature Date