

Kara Hoppe, MA, MFT
Psychotherapy

CLIENT INTAKE

Personal Information:

Name: _____ DOB: _____ Age: _____

Address: _____

Home phone: _____ Cell phone: _____ Email: _____

Preferred method of communication: Phone call Email Either

Emergency contact: _____ Relationship: _____ Phone: _____

Current or Chronic Health Problems: _____

Current or Recent Medications: _____

Medical doctor: _____ Date of last exam: _____

Referred by: _____ May I thank them for your referral? _____

Previous Psychotherapy:

1. Therapist: _____ Dates _____ to _____
2. Therapist: _____ Dates _____ to _____
3. Therapist: _____ Dates _____ to _____

What Brings You

Briefly describe why your are here today (i.e. current problems or situations)

Client signature

_____/_____/_____
Date