

INTAKE SUMMARY/CLIENT HISTORY

Therapist or Therapist-in-Training:

Client Name or Code:	Date started therapy:
Date of Birth:	Referred by:
Occupation:	
Relationship status:	Children:
Family/Cultural History:	
Parents:	Siblings:
Previous Therapy/Counseling:	
Medical/Psychiatric History:	
Alcohol/Drugs/Suicide attempts/Self harm history:	
Relational/Other Supports:	
Presenting Issues/Problems:	
Significant Previous Experiences or Events:	
(over)	

Expectations and Desired Outcome of Therapy:	
Frequency and Duration:	Fee:
The client has discussed, understood and agrees to:	
• Consent to Treatment	
• Limits of Confidentiality	
• Cancellation and missed appointments policy	
• Permission for notes to be used for supervision and professional purposes	
• Consent to electronic communication (if applicable)	
Therapist's Observations:	
Emerging Issues:	
Plan for Therapy:	
Supervision Questions/Clinical Concerns:	

Signature: _____ Date: _____