## 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:
Authorized to the control of the con	
Previous Therapy/Counseling:	
00000000000000000000000000000000000000	
Medical/Psychiatric History:	The state of the s
TERRELEGICAL CONTROL C	
Alcohol/Drugs/Suicide attempts/Self harm h	nistory:
According to the Proposition of the Control of the	
Relational/Other Supports:	
Presenting Issues/Problems:	2200 PRINTED TO THE TO THE CONTROL OF THE THE THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF T
Significant Previous Experiences or Events:	
Significant Free vous Experiences of Everies.	
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	(over)

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Expectations and Desired Outcome of	Therapy:
Frequency and Duration:	Fee:
The client has discussed, understood	and agrees to:
<ul> <li>Consent to Treatment</li> </ul>	
<ul> <li>Limits of Confidentiality</li> </ul>	
<ul> <li>Cancellation and missed appointment</li> </ul>	ents policy
<ul> <li>Permission for notes to be used for</li> </ul>	supervision and professional purposes
<ul> <li>Consent to electronic communicati</li> </ul>	on (if applicable)
Therapist's Observations:	
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	(page 2000 00 to the page
Emerging Issues:	CONTRACTOR OF CO
Plan for Therapy:	
Supervision Questions/Clinical Conce	ом него от выполнять на протости по протости по протости по поста по протости
Supervision Questions/Clinical Conce	TITLES
	Date
Signature:	Date: