

For clinician use:	
CLINICIAN: _____	ICD10 Code: _____
GAF _____ FF _____	INS _____ FS\$ _____ SS _____

INTAKE FORM--ALL INFORMATION IS CONFIDENTIAL

Name: _____
FIRST MIDDLE LAST

Date: _____

Gender: _____

Address: _____

D.O.B: _____

City: _____ State: _____ Zip: _____

Soc. Security #: _____
(may be needed for insurance)

Relationship Status: _____

Please check which contact information you consent to use and leave a message. *Cell phone, e-mail, and other wireless communication are not considered to be secure. Emails are for scheduling purposes only.

Home Phone: _____ *Cell Phone: _____

Other Phone: _____

Partner/Parent Phone: _____ Name: _____

*E-Mail Address: _____

Please list all of the members of your household-- including yourself:						
Name	Age	Date of Birth	Gender	Relation to you	Occupation/Employer	Religion

As SamaraCare is a non-profit, 501(3)c agency, please answer the following demographic information:	
What is the highest grade you completed in school?	<input type="checkbox"/> 8th grade or less <input type="checkbox"/> Some college <input type="checkbox"/> Some high school <input type="checkbox"/> College graduate <input type="checkbox"/> High school <input type="checkbox"/> Post-graduate work
Which of the following categories best describes your household's total income before taxes last year? (Please include sources such as salaries and wages, Social Security, retirement income, investments, etc.)	<input type="checkbox"/> Less than \$20,000 <input type="checkbox"/> \$20,000 - \$39,999 <input type="checkbox"/> \$40,000 - \$59,999 <input type="checkbox"/> \$60,000 - \$79,999 <input type="checkbox"/> \$80,000 - \$99,999 <input type="checkbox"/> \$100,000 or more
What best describes your Racial/Ethnic Background?	<input type="checkbox"/> African American/Black <input type="checkbox"/> Hispanic Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic White <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-racial
Total Number in Household: _____	<input type="checkbox"/> Other: _____

Are you presently seeing another counselor? No Yes, name: _____

Have you had previous counseling or psychotherapy? No Yes, name: _____

Have you had previous psychotherapy here at SamaraCare Counseling? No Yes, name: _____

Reasons for seeking counseling now: _____

Are there any health conditions your counselor should be aware of? No Yes, please describe: _____

Are you currently taking any medications? No Yes, please list and give the reason: _____

Client's Primary and/or Prescribing Physician: _____

Address/City/Zip: _____ Phone: _____

If you are employed outside the home, who is your current employer? _____

Do you attend church/place of worship? No Yes, name/city: _____

EMERGENCY CONTACT

Please provide the name of someone that we could contact in case of a medical or psychiatric emergency.

Name: _____ Relationship: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

How did you learn of SamaraCare?

Church/Pastor__ Insurance Co.__ Friend__ Physician__ School__ Former Client__

Website__ Other: _____

ACKNOWLEDGMENT OF REFERRAL

SamaraCare values acknowledging and thanking members of the community for their trust in referring you to us. Your signature below gives permission to send a letter of appreciation.

Name of Referring Individual: _____

Street Address: _____ City: _____ Zip: _____

Your Signature: _____