

Salt Lake Marital and Family Therapy Clinic
170 South 1000 East #101
Salt Lake City, Utah 84102

CLIENT INFORMATION FORM

FOR OFFICE USE ONLY

THERAPIST:

INTAKE DATE:

DIAGNOSIS:

COMMENTS:

Client Information

Full Name _____ Social Security Number _____
Birth Date _____ Age _____ Sex: M F Marital Status: Single Married Divorced Separated Other _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Occupation _____ Employer _____
Spouse/Partner's Name _____ Spouse/Partner's Birth Date _____

Person Responsible for Payment

Full Name _____ Relationship to Client _____ Birth Date _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Occupation _____ Employer _____

Primary Insurance Company

Name of Insurance Company _____ Name of Policy Holder _____
Address of Insurance Company _____
Social Security Number/Policy Number _____ Employer _____

Secondary Insurance Company

Name of Insurance Company _____ Name of Policy Holder _____
Address of Insurance Company _____
Social Security Number/Policy Number _____ Employer _____

Referral Source

How were you referred to us? _____

Presenting Problem

Reason for seeking therapy? _____

Therapy History

Have you ever received therapy before? _____ Was it helpful? _____
Name of Therapist _____ Address _____ Phone Number _____
Are you currently seeing a psychiatrist? _____ Name _____
Address _____ Phone Number _____
Are you currently taking any psychotropic medication? Please list _____
Name of any previous psychiatrist or therapist _____
Address _____ Phone Number _____

Medical Information

Primary Care Physician: _____ Phone Number _____
Please list any health conditions or concerns _____
Please list any medication you are taking for health conditions _____

Emergency Contact

Name _____ Relationship to Client _____
Home Phone _____ Work Phone _____ Cell Phone _____

Contact Information

By initialing, I agree that the Salt Lake Marital and Family Therapy Clinic may contact me at and leave messages for me at the following phone numbers:

(Initial here) _____ (List numbers here) _____