Salt Lake Marital and Family Therapy Clinic 1399 South 700 East, Suite 11 Salt Lake City, Utah 84105

FOR OFFICE USE ONLY

THERAPIST:

INTAKE DATE:

DIAGNOSIS: COMMENTS:

CLIENT INFORMATION FORM – COUPLES THERAPY

Client#1 Information								<u> </u>
Full Name								
Birth Date	Age	Sex: M F	Marital Status:	Single	Married	Divorced	Separated	Other
AddressHome Phone			_City			State	Zip_	
Home Phone	Work Phone	2			Cell Pl	none		
Occupation		Employer_						
Client#2 Information								
Full Name		S	ocial Security Nu	mber				
Birth Date								Other
Address			City	6		State	Zip	
Home Phone	Work Phone	2	,		Cell Pl	none		
Occupation								
Defermal Corres								
Referral Source								
How were you referred to us?								
Presenting Problem								
Reason for seeking therapy?								
Therapy History – Client #1								
Have you ever received therapy before	2 Individual	Couples W	as it helpful?					
Are you currently seeing a psychiatris	2:marviduar	couples ***	as it ricipiui:					
Address	:: IVallie				Phone N			
Address Are you currently taking any psychotropic medication? Please list								
.,	1							
Therapy History - Client #2								
Have you ever received therapy before	e?Individual	Couples Wa	as it helpful?					
Are you currently seeing a psychiatris	? Name							
Address					Phone N	umber		
Are you currently taking any psychotr	opic medication? Please	e list						
Emergency Contact								
Name			Relationship t	o Client				
Home Phone	Work Phone				Cell Phone			
<u>Contact Information</u> By initialing, I agree that the Salt Lake and/or email addresses:	Marital and Family The	erapy Clinic ma	y contact me at a	nd leave	e messages	s for me at	the followin	g phone numbers
Client #1 (Initial here) (List nu	mbers/email addresses	here)						
Client #2 (Initial here) (List nu	mbers/email addresses	here)						