

# Davis Affordable Professional Counseling

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## INDIVIDUAL INTAKE

Please fill out the following intake information as completely as possible. Thank you.

Date: \_\_\_\_\_

Your Full Name: \_\_\_\_\_ (AKA's): \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

☐ Single/Dating ☐ Married Date \_\_\_\_\_ ☐ Divorced Date \_\_\_\_\_ ☐ Widowed Date \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Employment Position and Place: \_\_\_\_\_

Children: Full Name Age Living at home? (Y/N) School Name & Location

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Emergency Contact (Name, Phone, Relationship): \_\_\_\_\_

How were you referred to me? \_\_\_\_\_

Doctor/Hospital Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Prescribed/Over the Counter (like ibuprofen) Medications, Recreational Drug Use, and/or Supplements:

Name: \_\_\_\_\_ Amount: \_\_\_\_\_ Why are you taking this?: \_\_\_\_\_ Date Started: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_ Why are you taking this?: \_\_\_\_\_ Date Started: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_ Why are you taking this?: \_\_\_\_\_ Date Started: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_ Why are you taking this?: \_\_\_\_\_ Date Started: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_ Why are you taking this?: \_\_\_\_\_ Date Started: \_\_\_\_\_

Suppose when you go to sleep tonight a miracle happens and your challenge is solved. When you wake up in the morning how will you know that a miracle has occurred? What would be different?:

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