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:		
☐ Dating Since: ☐ M	Iarried Since:	Divorced Since:	Widowed Since:
			Zip:
E-mail:			
Home Phone:	Cell:		
Employment Position and Pla	ace:		
Children: <u>Full Name</u>	<u>Age</u>	<u>Living at home?</u> (Y/N)	School Name & Address
1			
2			
3			
4.			
5			
Emergency Contact (Name, I	Phone, Relatio	nship):	
			onal 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:
		racle happens and your challenge tole has occurred? What would be	