Jacqueline Stephens, LMFT

Attune LLC

161 East Avenue, Suite 14C
Norwalk, CT 06851

Initial Therapy Intake Form

Name _____ Age_____ Birth date_____

Address_____City_____

State _____ Zip_____ Email_____

Home Phone_____Cell_____Work_____

Occupation_____ Employer_____

Marital Status_____ Name of Spouse/Partner_____

How long have you been together? _____

Number of children_____Names/ages_____

If client is a minor, name of responsible adult_____

Do you smoke? _____ How much _____? Do you drink? _____ How much? _____

Do you take illegal drugs? _____ If yes, what kind? _____

How often?_____

Last medical examination_____Reason_____

Are you under a doctor's care?_____ If yes, doctor's name:_____

Reason for Doctor's Care_____

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Are you taking any medications?_____ Name/What kind?_____

Reason for medications_____

Have you ever been hospitalized for a mental/behavioral health reasons?

Describe:_____

Any previous therapy/counseling?_____ Name of therapist(s)_____

When and number of sessions?_____ Type of therapy_____

How were you referred to me?_____

What do you wish to achieve with therapy?_____

_____

In case of emergency notify:_____

Phone_____ Relationship to you_____

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Insurance_____

ID number_____

Group number _____

Co-pay_____