

**Sandra Moenssens, M.S., LMFT, LMHC
Licensed Marriage and Family Therapist
Licensed Mental Health Counselor**

**Counseling For Your Success
Group Session Intake Form**

Date: _____

Client Name: _____

Nickname or name client prefers to be called _____

Date of Birth: _____ Age: _____ Gender: Male/Female

Client Address: _____

City: _____ State _____ Zip code: _____

Email Address: _____

Employer name: _____

School name: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Work Phone: (____) _____

Okay to contact at work? Yes / No

Name of Spouse or significant other: _____

Date of Birth: _____ Age: _____ Gender: Male / Female

Referred by: _____

Family and Home

Father living? ___ Mother living? ___

Number of Sisters ___ Ages _____

Number of brothers ___ Ages _____

Father's name _____

Mother's name _____

Please list the members of your current household _____

Health

Do you have normal eyesight Yes/ No

Do you have normal hearing Yes/No

Handicaps/Disabilities _____

Current Medications, dosage, and length of time on each _____

Current physician/psychiatrist: _____

Other Counseling or Therapy

Have you previously seen or are you currently seeing another counselor or therapist? If so, please list the name of the counselor/therapist, the name of the agency, (if applicable), the topics of concern for which assistance was requested, and the time period for which counseling was conducted: _____

Name of current workshop or group that you are signing up for: _____

Briefly describe circumstances that prompted you to sign-up at this time. _____
