

Mental Health Counseling Intake Form

Personal Information

Full Name

Date of Birth

Phone Number

Email Address

Address

Emergency Contact

Name

Phone

Relationship

Insurance Information

Provider

Policy Number

Background Information

What brings you to counseling?

Any previous mental health treatment?

Relevant medical history

Are you currently taking any medications?

Additional Information

What are your goals for counseling?

Anything else you would like us to know?