

Stable Life Counseling Center, LLC
 Shirley B Johnson, M.Ed., LBSW, LPC
 Phone: (361) 485-0899

CLIENT INTAKE FORM

(Please Print)

Today's Date ____/____/____

Therapist _____

CLIENT INFORMATION

Client's Last Name		First	Middle	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Marital Status (Circle One) Single / Married / Other	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?		(Former Name)	Birth Date	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Street Address		City	State	ZIP Code	Social Security - -	Cell No.- Receive texts <input type="checkbox"/> Yes <input type="checkbox"/> No ()
P.O. Box		City	State	ZIP Code	Home Phone No. ()	
Occupation/Grade		Employer/School			Work Phone No. ()	
Referred to Provider by (Please check one box & list) <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Another Client				<input type="checkbox"/> Dr. _____	<input type="checkbox"/> Insurance Plan	<input type="checkbox"/> Website
				<input type="checkbox"/> Yellow Pages - Red Book		
				<input type="checkbox"/> Yellow Pages - SWB/ATT	<input type="checkbox"/> Other _____	
Email Address:				Are you on probation? ____Adult ____Juvenile Probation Dept. Location _____		

PAYMENT INFORMATION

Person Responsible for Bill		Birth Date	Address (if different)		Cell Phone No. ()
		/ /			Home Phone No. ()
Email Address:					Work Phone No. ()
Occupation	Employer	Employer Address			

IN CASE OF EMERGENCY

Name of Local Friend or Relative (not living at same address)	Relationship to Client	Cell Phone #	Work or Home Phone #

PAYMENT: As of 1/30/12, only PRIVATE PAY is accepted.

Client/Parent _____

Date _____