

Lifesong Client Intake Form

Client Intake

lifesong.webeditor@gmail.com [Switch account](#)

* Required

Email *

Your email

Today's

Date *

Date

mm/dd/yyyy

Select Staff Member *

- Shelly Foster
- Stephen Hansen
- Adina Loomis
- Joe Madrid
- Sheri Miller
- Veronica Pedersen
- Tori Towers
- Nolan Vitzthum
- Andrea Huss

May I contact you by email *

- Yes
- No

Name

*

Your answer

If minor, what is parent's name?

Your answer

DOB

*

Date

mm/dd/yyyy

Age *

Your answer

Gender *

Female

Male

Other:

Marital
Status *

Your answer

Race

*

Your answer

SS#

*

Your answer

Drivers License

*

Your answer

Address *

Your answer

City *

Your answer

State

*

Your answer

Zip *

Your answer

Home
Phone *

Your answer

Work
Phone

Your answer

Cell
Phone

Your answer

May I call you at work, home, or
cell? *

- Home
- Work
- Cell

Children &
Ages *

Your answer

Referred

By *

Your answer

Why have you come to see me today? *

Your answer

How long have you been experiencing this? *

Your answer

Any prior counseling experience? *

Your answer

When?

*

Your answer

Length of counseling? *

Your answer

For what
reason? *

Your answer

Status of your Health: *

- Excellent
- Very good
- Good
- Fair
- Poor

Physical
Condition: *

- Excellent
- Very good
- Good
- Fair
- Poor

Health or physical issues I should know
about: *

Your answer

Physician's

Name: *

Your answer

Physician Address and

Phone: *

Your answer

Are you currently taking any medications? Please list: *

Your answer

Employment: *

- Full Time
- Part Time
- Unemployed
- Student

Employe

r

Your answer

Employer
Address

Your answer

Sign:

*

Your answer

Date:

*

Date

mm/dd/yyyy

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Next

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