Winning At Home ©

# Confidential Intake Form

Today's Date: _____

| | |
|---|---|
| **Name:** _____ | **Name:** _____ |
| **Date of Birth:** _____ **Sex: M**____ **F**____ | **Date of Birth:** _____ **Sex: M**____ **F**____ |
| **Address:** _____ | **Address:** _____ |
| **City:** _____ **ZIP:** _____ | **City:** _____ **ZIP:** _____ |
| **Employed by:** _____ | **Employed by:** _____ |
| **Address:** _____ | **Address:** _____ |
| **Home Phone:** _____ | **Home Phone:** _____ |
| **Cell Phone:** _____ | **Cell Phone:** _____ |
| **Work Phone:** _____ | **Work Phone:** _____ |
| **Email:** _____ | **Email:** _____ |
| **Social Security #:** _____ | **Social Security #:** _____ |
| **Marital Status: Single:** _____ **Married:** _____ **Separated:** _____ **Divorced:** _____ **Widowed:** _____ **Liv-** | **Religious Affiliation** _____ |

**CHILDREN**:

| NAME | AGE | SCHOOL/GRADE | BIOLOGICAL OR ADOPTED |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Name of anyone else living in the home: _____

Physician's name: _____ Date of last physical: _____

Are you currently being treated for any medical conditions? Y N If yes, please explain: _____

_____

Are you currently taking any medications? Y N If yes, please list: _____

_____

_____

Have you received previous counseling? Y N If yes, by whom?_____ Date/Year?_____

Please briefly state why you are currently seeking counseling:_____

_____

Referred By: _____ Address:_____

*I would like to send a note of appreciation to the person who referred you for supporting our ministry. Please sign below for your permission.

Name: _____ Date: _____

I authorize Winning At Home Family Wellness Center to use the email and mobile number to send changes and/or confirmations to my appointment schedule.

Signed _____