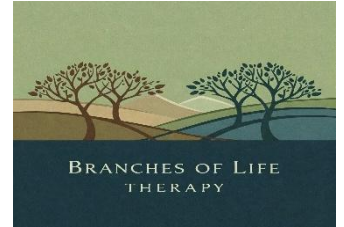


Branches of Life Therapy

Client Intake Form



Date: _____

Client Information

Full Name: _____

Parent/Guardian (if applicable): _____

Date of Birth: _____ **Age:** _____

Pronouns: _____

Phone Number: _____

Email Address: _____

Profession: _____

School/Grade Level (if applicable): _____

Address:

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Appointment & Communication

Preferred method of contact (check all that apply):

- ☐ Phone
- ☐ Email
- ☐ Text

May I leave a voicemail? ☐ Yes ☐ No

May I send appointment reminders? ☐ Yes ☐ No

Main Concerns

What brings you to therapy at this time?

How long have these concerns been affecting you?

Have you attended therapy before? ☐ Yes ☐ No

If yes, what was helpful/not helpful?

Mental Health & Wellness

Current symptoms (check all that apply):

- ☐ Anxiety or worry
- ☐ Depression or sadness
- ☐ Anger or irritability
- ☐ Stress or burnout
- ☐ Grief or loss
- ☐ Relationship or family concerns
- ☐ Trauma or past experiences
- ☐ Difficulty concentrating
- ☐ Sleep issues
- ☐ Other: _____

Are you currently taking any medications? ☐ Yes ☐ No

○ If yes, list:

—

Do you have any diagnosed mental health conditions? ☐ Yes ☐ No

- If yes, please specify:

—

Substance use concerns? ☐ Yes ☐ No

If yes, describe:

Medical Information

Medical conditions/allergies to be aware of:

Strengths & Supports

What are some of your strengths?

Who do you consider part of your support system?

Goals for Therapy

What would you like to achieve through therapy?

Consent & Policies

I understand that therapy is a collaborative process and that I may ask questions at any time. I acknowledge that I have received and reviewed informed consent policies, including confidentiality, fees, and cancellation guidelines.

Signature: _____ **Date:**
