Lara Willing, Psychotherapist, LMFT # 93111
www.LaraWilling.com

# Client intake

| | Please answer in boxes below as relevant for you. |
|---|---|
| Name<br>Address | |
| Telephone number/s<br>Text ok?<br>Is texting ok any time?<br>OK to leave messages? | |
| Email address | |
| Date of birth & age | |
| How did you find out about me/my services? | |
| With whom do you live?<br>Relationship status<br>Length of relationship<br>Children's ages | |
| Emergency contact<br>Phone #<br>Relationship to you | |
| Presenting concerns, briefly | |
| Previous treatment<br>Previous therapists<br>Past diagnoses | |
| Current medications or supplements for mental health | |
| Current use of recreational drugs and alcohol | |
| Past suicide attempts or self-harm?<br>Hospitalizations? | |