



Allison Spitzer / Spitzer Health

CLIENT INTAKE INFORMATION

Client Name: _____ Date of Birth: ___/___/___

Home Address: _____

Client Email: _____

Parent or Emergency Contact Email: _____ Phone: _____

Single Married Partnership Divorced Widowed Partner's Name: _____

With Whom Do You Reside? _____

Client Phone(s) # : _____

Physician Name & Phone: _____

Employment or School Name: _____

Title, Position, or Grade Level _____

Emergency Contact Name & Phone: _____

Have you previously sought the help for Mental Health issues? Y/N Whom: _____

When and for How Long: _____ Why: _____

Are you addressing the same concerns now? _____

What medications (if any) have you been prescribed for social, emotional or learning issues?
_____ Taking this now? Y / N

Is there anything else you think is important background that I know prior to our session? _____

What brought you here today? What do you hope to accomplish? _____

Hobbies and Interests: _____

What are your Strengths? _____

I am entering into this activity willingly and at my own risk, or give my consent for the minor or person under my guardianship mentioned above and understand that specific outcomes are not promised or guaranteed. I shall and will indemnify and hold harmless Allison Spitzer, M.A. from and against any and all liabilities, claims, actions, demands, expenses, penalties, suits, and proceedings, actions and causes of actions including attorney's fees, of any kind and nature growing out of or in any way connected with this work.
(Initial) _____

Payment is due at the time of service by cash, check or Venmo. I understand that these fees are NOT REIMBURSIBLE through my Insurance coverage; that I will not receive a medical diagnosis, and that this work is not a substitution for professional medical treatment. I understand that this relationship may be discontinued at any time by either party.
(Initial) _____

I have read and accepted these statements prior to the session as a condition of my participation.

Date: _____

Signature: _____