



Allison Spitzer / Spitzer Health

### CLIENT INTAKE INFORMATION

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Home Address: \_\_\_\_\_

Client Email: \_\_\_\_\_

Parent or Emergency Contact Email: \_\_\_\_\_

Single Married Partnership Divorced Widowed Partner's Name: \_\_\_\_\_

With Whom Do You Reside? \_\_\_\_\_

Client Phone(s) # : \_\_\_\_\_

Parent or Emergency Contact 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: \_\_\_\_\_