



Road 2 Resolutions PLLC  
Professional Counseling

**Adult Clinical Intake Sheet**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Referred by: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you have any special needs such as reading, writing, or disabilities that require special considerations?

What is your primary Language? \_\_\_\_\_ Marital Status:  Single  Married  Divorced  Separated

Current Occupation: \_\_\_\_\_

Who should be contacted in case of an emergency? \_\_\_\_\_  
Person Phone Number

Do you have children?  Yes  No If yes, please give names and ages. \_\_\_\_\_

Do your children live with you?  Yes  No

If married, are you currently residing with your partner?  Yes  No

For what purpose are you seeking counseling? \_\_\_\_\_

Have you received counseling in the past?  Yes  No If yes, where and for what purpose?

Please list any prescription medications you are taking. \_\_\_\_\_

Have you ever attempted suicide?  Yes  No If yes, please explain: \_\_\_\_\_

Have you ever been hospitalized due to a mental health condition?  Yes  No

Do you have current problems with housing, clothing, food, or transportation?  Yes  No If yes, please explain: \_\_\_\_\_

Client Signature

Date