

Hope for Healthy Families Counseling Center  
8788 Elk Grove Blvd, Bldg 1, Suite L  
Elk Grove, California 95624  
Phone/Fax (916) 686-9209

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 *New Client Intake* 

Date \_\_\_\_\_ How were you referred? \_\_\_\_\_

\_\_\_\_\_  
Name date of birth age

\_\_\_\_\_  
Significant Other date of birth age

Marital Status:

Never Married  Partnered  Married  Separated  Divorced  Widowed

Number of Children: \_\_\_\_\_

Local Address: \_\_\_\_\_  
(Street and Number)

(City) (State) (Zip)

Home Phone: ( ) \_\_\_\_\_ May we leave a message?  Yes  No

Cell Phone: ( ) \_\_\_\_\_ May we leave a message?  Yes  No

E-mail: \_\_\_\_\_ May we email you?  Yes  No

\*Please be aware that email might not be confidential.

Medical Insurance \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

List any medications you are currently taking and any major health concerns and/or chronic conditions:

\_\_\_\_\_  
\_\_\_\_\_

Reason for seeking counseling:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_