

Sanctuary by the Sea Counseling Services (SSCS)

Intake Form

Client Name: _____ Date: _____

I am here to see: Crystal Duncan, LCSW, CA61763

What brings you to therapy today?

Client Information

Age: _____ D.O.B: _____ S.S.N.: _____

Occupation: _____ How Long: _____

Employer/School: _____

Marital status:

Married • Remarried • Single • Single Parent • Widow(er) Divorced • Separated • Partnered

Spouse's / Partner's Name: _____

Do you have children? If yes, names & ages _____

Who lives in your home? _____

Home Address: _____

_____, _____, _____, _____

Primary Phone: _____ Secondary Phone: _____

May your SSCS therapist leave a message for you at Primary Number and/or Secondary Number? Y or N

Permanent Address (same as above _____)

Other: _____

Have you ever seen a mental health professional (psychiatrist, psychologist, or counselor)? Y or N

If yes, when? _____

Please briefly list the reasons: _____

Are you currently taking any medication? Y or N

If yes, explain: _____

Can your SSCS therapist contact you via email to discuss scheduling and other related issues? Y or N

E-Mail: _____

Signature: _____ Date: _____

Printed Name: _____