

Margaret J. Kay, Ed.D. Psychologist

CLIENT INTAKE FORM FOR ADULTS & COLLEGE STUDENTS

Today's date:			Person Completing Form:			
CLIENT INFORMATION						
Client's Last name		First	Middle	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid
Email Contact Address:						
Street Address	City	State and Zip Code		Client's Birth date / /	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F
College Student? YES NO	Major:	Credits Earned:	Minor:	GPA:		
If YES, name of college currently attending:						
MOTHER INFORMATION for Dependant College Students Only						
Mother's Name	Mother's Address if Different from Client's	Mother's Home Phone	Mother's Business Phone			
Mother's Cell Phone	Mother's Email Address	Mother's Date of Birth	Mother's Marital Status Single / Mar / Div / Sep / Wid			
Mother's Education	Mother's Employer	Mother's Work Hours	Mother's Position			
FATHER INFORMATION for Dependant College Students Only						
Father's Name	Father's Address if Different from Client's	Father's Home Phone	Father's Business Phone			
Father's Cell Phone	Father's Email Address	Father's Date of Birth	Father's Marital Status Single / Mar / Div / Sep / Wid			
Father's Education	Father's Employer	Father's Work Hours	Father's Position			
OTHER INDIVIDUALS LIVING IN THE HOME						
Name	Relationship to Client	Age	Grade			
Referred by:						
Other family members seen here:						

