Fowler and Tidwell Counseling
and Jenai Tidwell, LPC, PLLC
7155 Old Katy Road Suite N244
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Office: 832-831-8379 Fax: 832-831-8388

Client Intake Form

Name: _____ D.O.B.: _____

Address: _____ Social Security#: _____

_____

Phone Number: _____ Check if it is ok to leave a message: _____

Alternate Number:_____ Check if it is ok to leave a message: _____

Email address: _____ Check if it is ok to send you an email: _____

Emergency Contact Name: _____ Relationship: _____

Phone Number: _____

Is the client a minor (under 18 years of age)? ( ) Yes ( ) No
If yes, complete below.
Guardian: _____ Relationship: _____

Address of guardian (if different than above):

Address: _____ D.O.B. _____

_____

Employment Status:

( ) Full-Time ( ) Part-time ( ) Student ( ) Not Working

Names and Ages of Individuals living with client:

1._____

2._____

3._____

4._____

5._____

Medical Information:

Primary Care Doctor: _____ Psychiatrist:_____

Last Visit to M.D. _____

Medical Conditions: _____

_____

Current Medications:

Medication	Dose	Last Taken	Prescribed By

Behavioral History:

Have you ever been diagnosed with a mental health condition? ( ) Yes ( ) No

If yes, what were you diagnosed with and when? _____

_____

Have you ever been hospitalized for a psychiatric condition? ( ) Yes ( ) No

If yes, when and where? _____

_____

What primary issue brought you to counseling today? _____

_____

_____

Do you have a history of suicide attempts or suicidal thoughts? ( ) Yes ( ) No

If yes, please describe. _____

_____

_____

Do you currently, or have you in the past, abused alcohol or other substances? ( ) Yes ( ) No

If yes, please list substance(s) abused and related history including treatment for the substance abuse:

_____

_____

_____

Social History:

Who makes up your support network (friends, family, etc.)?: _____

_____

Do you currently have any legal cases pending against you? ( ) Yes ( ) No

If yes, please describe: _____

_____

_____

How did you hear about my services? ( ) Referral from friend ( ) Professional Referral ( ) Internet

( ) Insurance Referral ( ) Other _____

_____ _____

Client or Guardian Signature Date