

Kathryn M. Lamermayer, LCSW
Individual, Couples, and Family Therapy

Client Intake Form

Client Information

Name

Address

City

State

Zip

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Home Phone

Cell Phone

Work Phone

Best Phone to Leave a Message? Home / Cell / Work (please circle)

Email

Birthdate

Occupation/School Year

Guarantor (Person responsible for payment, if different than client)

Name

Relationship to Client

Address

City

State

Zip

()

Phone Number

Email

Birthdate

Occupation/School Year

Emergency Contact

Name Relationship to Client

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Phone Number

May a message be left for this person? Yes / No (please circle)

Additional Clients, Family Members, Significant Others

Additional Person (1)

Name Relationship to Client

Birthdate Occupation/School Year

Additional Person (2)

Name Relationship to Client

Birthdate Occupation/School Year

Additional Person (3)

Name Relationship to Client

Birthdate Occupation/School Year

Client Signature (age 12 and older) Date

Parent/Guardian Signature Date