CSGD Counseling Service
Phone: (240) 271-7448
csgdcommunity@gmail.com

CLIENT INTAKE FORM

(Please Print)

Today's Date _____/_____/_____ **Staff______________________________**

CLIENT INFORMATION

Client's Last Name	First	Middle	❑ Mr. ❑ Ms.	Marital Status (Circle One) Single / Married / Other

Is this your legal name? ❑ Yes ❑ No	If not, what is your legal name?	(Former Name)	Birth Date / /	Age	Sex ❑ M ❑ F

Street Address	City	State	ZIP Code	Social Security - -	Home Phone No. ( )
P.O. Box	City	State	ZIP Code		Cell Phone No. ( )
Occupation	Employer: optional				Work Phone No. ( )

Referred to Provider by (Please check one box & list) ❑ Dr. ____________ ❑ Insurance Plan ❑ Website
❑ Family ❑ Friend ❑ Close to Home/Work ❑ Yellow Pages ❑ Other ____________

Email Address:	Alternative Email Address:

PREVIOUS COUNSELING

Name Location	Dates	List: 1.	Home Phone No. ( )
Email Address:			Cell Phone No. ( )

Occupation	Employer	Employer Address	Work Phone No. ( )

How long you been Married/ ❑ Yes ❑ No	Is your Marriage fulfilling? ❑ Yes ❑ No	On a scale 1 to 10 what would you rate your marriage ________

Please Select Area of your relationship which needs improvement Primary Insurance Provider

❑ Financial ❑ Sex and Affection ❑ Relationship Roles ❑ Communication ❑ Intimacy
❑ How to handle common marital Conflict ❑ Emotional Health ❑ Flexibility Change ❑ Family of Origin
❑ Abandonment Absence of Love ❑ Feeling Safe ❑ Developing A positive Attitude toward Marriage
❑ Addiction Validation Acceptance Respect Faithfulness Reliability
❑ Family and Friends ❑ Children and Parenting ❑ Conflict Management ❑ Resentment
❑ Character Defects ❑ Nurture Spiritual Significance in Your Marriage ❑ Non forgiveness.
❑ Infidelity/unfaithfulness ❑ Selfishness ❑ Other ______________________________

Is this your first marriage?	❑ Self Pay

Do you love your spouse?	Are you growing apart?		Any domestic abuse?	Is Shame Real?	Yes / No

What is your #1 priority in life? What is most important in your Life?

What is the most important relationship?	Why?	

Is Patience important? ❑ Self ❑ Spouse ❑ Other ____________

IN CASE OF EMERGENCY

Email Address	Relationship to Client	Home Phone No.	Work Phone No.

Make A list separated from your spouse ten things you like about your spouse? Don’t Share with spouse!		Make a list of things you don’t like?	

CLIENT INTAKE FORM

(Continuation)

PLEASE READ THE FOLLOWING CAREFULLY

I understand that I am responsible for my fee payment at the beginning of each appointment. I agree to be responsible for the full payment of fees for services rendered regardless of whether insurance reimbursement will be sought. ____________________________ will honor contractual agreements made with those managed health care companies which stipulate specific reimbursement restrictions.

X ____

CLIENT/GUARDIAN SIGNATURE DATE

I hereby consent to treatment by specified provider. Although the chances for obtaining my goals for therapy will best be met by adhering to therapeutic suggestions, I understand that I have a right to discontinue or refuse treatment at any time. I understand that I am responsible, however, for any balance due prior to a decision to stop.

X ____

CLIENT/GUARDIAN SIGNATURE DATE

I hereby authorize the release of necessary medical information for insurance reimbursement purposes.

X ____

CLIENT/GUARDIAN SIGNATURE DATE

I will pay Fees for services to the provider of services.

X ____

CLIENT/GUARDIAN SIGNATURE DATE