

# Leslie Burgat Counselling Client In-Take Form



Today's date \_\_\_\_\_

Private & Confidential

CLIENT INFO	
Name	Date of Birth
Nationality	Birthplace
Street Address	
City	Country
Phone	Email
Occupation	Age of Children
Sexual Orientation	Gender
Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single Parent <input type="checkbox"/> Cohabiting	
Recent Moves	

HEALTH & MEDICAL	
Physician	Phone
Psychiatrist	Phone
Current Health Issues	
Former Health Issues	
Operations	
Accidents	
Current Medications	
Complementary Health Treatment	

EMERGENCY CONTACT
In case of emergency, please notify
Phone
Relationship to Client

OTHER
Please note anything you would like to add