

New Client Intake Form

Efficiently gather essential client information with this **new client intake form** sample designed specifically for therapy practices. Streamline your onboarding process while ensuring compliance and confidentiality. Customize the form to suit your practice's unique needs.

Confidentiality Notice: All information provided in this form will be kept strictly confidential and used only for therapeutic purposes.

Personal Information

Full Name

Date of Birth

Address

Phone Number

Email Address

Emergency Contact

Contact Name

Phone Number

Relationship

Reason for Seeking Therapy

Please briefly describe your reason(s) for seeking therapy

Medical & Mental Health History

Have you previously attended therapy or counseling?

Current or past diagnoses (if any)

Current medications

Additional Information

What would you like to achieve in therapy?

Therapist preferences or special requests

Submit