



Fowler and Tidwell Counseling
7155 Old Katy Road Suite N244
Houston, TX 77024
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