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Intake Form Date: _____

Please provide the following information and answer the questions below. You may print this form out and bring it to your first session or I will provide you a copy at our first meeting. Please note, the information you provide here is protected as confidential information.

Name: _____ Spouse: _____

Name of parent/guardian (if under 18): _____

Birth Date: ____/____/____ Age: _____ Gender: Male Female

Marital Status:

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Married | <input type="checkbox"/> Never Married | <input type="checkbox"/> Domestic Partnership |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed |

Address: _____

Best number to reach you at: _____ Cell Other

Is it okay to leave a voicemail? Yes No Is it okay to text you? Yes No

Email: _____ May I email you? Yes No

* Please note: Email correspondence is not considered to be a confidential medium of communication.

Please list any children/age: _____

Referred by (if any): _____

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)?

- No
 Yes, previous therapist/practitioner: _____

What do you hope to change or accomplish by seeking help at this time?
