

Barbara Carr-Goodman, LCSW, ACSW  
Counseling for Health and Wellness



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**CLIENT INTAKE FORM**

Client's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_  
Sex/Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Minor: Yes No  
Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Referred by: \_\_\_\_\_  
School: \_\_\_\_\_ Phone: \_\_\_\_\_  
Primary Care MD: \_\_\_\_\_ Phone: \_\_\_\_\_  
Major Health Problems: \_\_\_\_\_  
Medications Currently Taking: \_\_\_\_\_  
Have you seen a mental health professional before? If so, please give name, date, and reason: \_\_\_\_\_

**Parent/Guardian 1 - Name:** \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex/Gender: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_  
Address (if different from above): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Marital Status (please circle): Single Married Divorced Separated Widowed  
Name of Stepparent (if applicable): \_\_\_\_\_

**Parent/Guardian 2 - Name:** \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex/Gender: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_  
Address (if different from above): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Marital Status (please circle): Single Married Divorced Separated Widowed  
Name of Stepparent (if applicable): \_\_\_\_\_

Parent/Guardian with Legal Custody: \_\_\_\_\_  
Is legal custody sole or joint?: \_\_\_\_\_

**Emergency Contact** - Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please provide a brief summary of the reasons you are seeking counseling:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Client's Name (please print)

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Name (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date