

CLIENT INTAKE FORM

For therapy services with Jennifer A. Watts, Ph.D., LMFT
1762 Century Boulevard NE, Atlanta, GA 30345

Date _____

GENERAL INFORMATION – please print

Last name _____ First name _____ MI _____

Birth date ____/____/____ Age ____ Sex/gender identity and pronouns: _____

Referred by (if internet, which site/s?) _____

If a personal/professional referral, may I thank the person? Yes No

Street Address _____
(street) (city) (state & zip)

Cell phone _____ preferred ok to leave message?

Home phone _____

Work phone _____

Email address _____

Place of Employment _____ Length of Employment _____

Type of work you do _____

Highest level of education completed: High School College degree Graduate degree
 Professional training Other _____

Relationship status: single married/partnered living together divorced widowed

Spouse/partner's: Name _____ Telephone _____

Others living in your home (Names/Relationship/Age): _____

In case of emergency, contact _____

Relationship _____ Emergency phone _____

COUNSELING CONCERNS / MEDICAL AND PSYCHOLOGICAL HISTORY

Check any of the following that apply to you and explain

___ Depression _____

___ Alcohol _____

___ Drug abuse _____

Please Note: I do have a 24-hour cancellation policy.
Appointments not cancelled with at least 24 hours notice will be charged at the full rate.

___ Other addictions _____

___ Serious illness _____

___ Violence _____

___ Suicide thoughts _____

Are these currently being treated? yes ___ no ___

By whom? _____

Their phone () _____ May I contact them? yes ___ no ___

Have you ever been in therapy before? yes ___ no ___

With whom? _____ When? _____

Their phone () _____ May I contact them? yes ___ no ___

What medications are you currently taking (and for what condition(s))? _____

How will you know when your therapy is successful?

Realistically, how long do you think this might take? _____

Payments and Cancellations

I agree to pay for my treatment at the time of service.

I agree that if I cancel an appointment without at least 24 hours notice, I will pay for the time that was saved for me.

Date _____

Signature _____

Print your name _____

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