



Intake Questionnaire

Male: _____ Female: _____

The Hope Center for Healing and Health LLC is requesting this confidential information for the purpose of providing client care. Persons outside of The Hope Center will not be providing information without your knowledge and written consent.

Name _____ Date: _____ DOB: _____ AGE: _____

Address: _____
City: _____ Zip: _____

Home #: _____ Work#: _____ Cell #: _____

Email Address: _____

Occupation: _____ Name and number of emergency contact person: _____

May we leave a discreet message as needed at the above listed numbers? Yes _____ No _____ ()

How did you hear about The Hope Center ? _____ Friend _____ Web Page _____ Other
Referred by _____

What services are you seeking today?

_____ Mental/Substance abuse Therapy _____ Premarital/Marital Counseling
_____ Drug Education _____ Anger Management

If Yes to therapy, please answer the following

What Goal(s) would you like to achieve in therapy?

What motivates you to seek help?

What are you currently doing to meet your concerns:

What is your motivation to reach your goals?
