

ONE STEP AT A TIME
257 Johnstown Center Drive, Suite 208
Johnstown, CO 80534
970.587.4963

Family and Couples Therapy
Client Intake Information

Date: _____

Family Name(s): _____

Address 1: _____

Address 2: _____

Home Phone: _____ Work Phone: _____

Reasons for seeking Family Counseling at this time: _____

Family Members

Name	Relationship (i.e., mother, father, son, etc.)	Age	Date of Birth	Education	Employment

Significant health related issues and medication

Family Member	Health Issue	Duration	Medication