



INNER LIFE
PSYCHOLOGICAL SERVICES

Intake Record

Client's Name _____

Age _____

Date of Birth _____

Gender _____

Ethnicity _____

School/Employer _____

Academic Status/Grades/Job Satisfaction _____

Address _____

Telephone Numbers _____

People who live with client (include ages) _____

Previous Treatment _____

Feelings about beginning treatment _____

Referred by _____

Reason for Referral _____

Current Medications _____
