

# Tri-Lakes Center for Family Development

Rebecca Albright, MSW, LCSW - Director

*"encouraging the development of happy, healthy families"*

244 Washington St.  
Monument, CO 80132

Phone: 719-648-3218  
Fax: 719-487-3287  
Website: [tlcforfamilies.com](http://tlcforfamilies.com)

## NEW CLIENT INTAKE FORM

Today's Date \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

May we send mail to this address? Y / N Email? Y / N

Email \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_

May we call or leave messages at: Home? Y / N Cell? Y / N Work? Y / N

Emergency Contact/Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Additional Family Member Names Relationship Date of Birth:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications (Prescribed and Over-the-Counter) \_\_\_\_\_

\_\_\_\_\_

Please briefly explain why you are seeking counseling at this time. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you hope to achieve in counseling? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How were you referred to Tri-Lakes Center for Family Development?

\_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_