

Jeremy J. Lanning MA, LPC
Counseling & Psychotherapy
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Client Intake Form 1:	Today's Date:
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Biographical Information

Name:	Age:	Date of Birth:
Address:		
Preferred Phone:	Agree to Receive Text Messages: Yes ___ No ___	
Phone Messages May Be Left: Yes ___ No ___		
Preferred Email:		
Occupation:	Educational Level:	
Employer:		
Employer Location:		
Marital Status: Single ___ In Relationship ___ Married ___ Divorced ___ Co-Habiting ___		
Engaged ___ Widowed ___ Separated ___ Other ___		
Military Status: Active Duty ___ Veteran ___ Retired ___		
Disability Status:		%: Diagnosis:
Religious Practice As A Child:		Adult:
Current Place Of Worship:		Denomination:
Who Suggested You Seek Counseling: Check All That Apply:		
Self: ___ Parent: ___ Employer: ___ Friend ___ Clergy: ___ Co-Worker ___ Physician: ___ Other: ___		
Spouse / Partner Name:		Age:
Occupation:		Employer:

What Brings You To Therapy

Please Summarize The Issues That Have Brought You Here (Rank In Order If Necessary):	
1)	
2)	
3)	
• Would You Consider Yourself Stable: Yes ___ No ___	
• Would You Consider Yourself Suicidal: Yes ___ No ___	
• At This Time, Are you Considering Harming Yourself: Yes ___ No ___	
• At This Time Are You Concerned For Your Safety And Well Being: Yes ___ No ___	

Physician Information

Physicians Name:	Phone Number:
Date Of Last Physical:	
Please List Prescription Medications Used In The Last 6 Months. Circle Current:	

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Client Intake Form 2: _____ **Today's Date:** _____

Names And Ages Of Biological Children And Children Living With You

Summary Of Your Medical History

Summary Of Your Emotional History Including Prior Counseling

Summary Of Your Drug / Alcohol / Chemical Use, Abuse, And Dependence

Summary Of Family Emotional And Medical History

Is There Anything You Would Like Me To Know That Is Not Covered In This Form

- **If Military Veteran Please Include Copy Of Your DD-214**
- **If Divorced Or Under Custody Agreement Please Include Copy Of Court Orders**

Client Signature For Form 1+2: _____

Print Name: _____