

Agoura Hills Counseling
Danielle Ciccone, Licensed Professional Clinical Counselor #4677

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Intake Form for Outpatient Psychotherapy Treatment (Adult)

Client Name: _____

Age: _____ Date of Birth: _____

Emergency Contact:

Name: _____

Relationship to You: _____

Phone Number: _____

Highest Level of Education: _____

Occupation: _____

Marital Status: _____

If currently in a relationship:

Name, gender, age of significant other: _____

How long have you been in the relationship?: _____

Are you currently living together?: Y / N

Do you have children? Y / N

Name, gender, age of children:

Describe the issues or problems in your life that bring you to therapy:

Describe your goals for therapy:
