Intake Appraisal

Client:

Date:

Client Information

- ☐ Male
- ☐ Female
  - ☐ Single
  - ☐ Married
  - ☐ Partnered
  - ☐ Divorced
  - ☐ Widowed

Full Name

Street Address

City, State, Zip

Daytime Phone

Evening Phone

Spouse/Partner

Email

Date of Birth

Referred By

Children

Health Problems and Medications

Presenting Issues

☐ Self-Control	☐ Appearance	☐ Success/Achievement	☐ Personal Organization
☐ Weight Management	☐ Interpersonal Skills	☐ Become Persuasive	☐ Relationships
☐ Situational Stress	☐ Optimism	☐ Spirituality	☐ Facilitate Wellness
☐ Sleep Improvement	☐ Goal-Setting	☐ Self-Confidence	☐ Referred Medical Issues
☐ Apprehensions	☐ Attraction	☐ Occupation	☐ Other Referred Issues

Other Issues

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

Notes

Goals

- ☐
- ☐
- ☐
- ☐

Signature Date

Privacy Policy: No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is underage.