

# Family Service: Prevention, Education, & Counseling

## *Intake Cover Page*

### General Information

Last Name:  First Name:  MI:

Guardian's Name (if minor):

Address:

City:  State:  Zip Code:

County:

Primary Phone Number:

Secondary Phone Number:

Work Phone Number:

Emergency Contact Name:

Emergency Contact Number:

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### Demographic and Marital Information

Gender:  Ethnicity:  Marital Status:  
 Married  Single  Divorced  Widowed

Date Of Birth:

Number Of Adult In Household:  Number Of Children In Household:

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**Referrals**

How did you hear about us? *(Please Check All That Apply)*

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Returning Client | <input type="checkbox"/> Another Client     | <input type="checkbox"/> School            | <input type="checkbox"/> Police            |
| <input type="checkbox"/> Social Worker    | <input type="checkbox"/> Doctor             | <input type="checkbox"/> Lawyer/ Court     | <input type="checkbox"/> Insurance Company |
| <input type="checkbox"/> Hospital         | <input type="checkbox"/> Phone Book         | <input type="checkbox"/> Internet          | <input type="checkbox"/> Senior Center     |
| <input type="checkbox"/> Employer         | <input type="checkbox"/> Catholic Charities | <input type="checkbox"/> Private Therapist |  |

Other