

Mount Comfort Counseling Services

P. O. Box 3381, Fayetteville AR 72702
3281 W. Mt Comfort Road, Fayetteville, AR 72704
479-738-7059
Glenda Davis, MSC, LMFT, LPC – Therapist

Client Intake Form

Name: _____
(First) (Middle Initial) (Last)

Address: _____
(Street) (Apt No.?) (City) (state) (Zip)

Cell Phone: _____ Home Phone if different: _____

Age: _____ Martial Status _____ School/Employment _____

Number of children and ages _____

Birth date: _____ Health Insurance Provider _____

SSN _____ e-mail _____

Church affiliation: _____)Member? Y N

Briefly describe your reason for seeking help? _____

Who referred you or suggested you call? _____

When were you last examined by a physician? _____

List any health problems for which you are currently receiving treatment: _____

List all current medications: (include OTC Meds) _____

How much alcohol do you consume? _____ Do you use any marijuana or other drugs? _____

List any known mental health problems within your family or others who live in your home:

| Name | Age | Relationship to You | Mental health issue |
|------|-----|---------------------|---------------------|
|------|-----|---------------------|---------------------|

Signature of Person Giving Information

Date