



# The Magnolia Clinic

Using the power of insight to liberate

[www.magnoliaclinic.org](http://www.magnoliaclinic.org)

## CLIENT INTAKE INFORMATION

Client Name: \_\_\_\_\_

### ***Client Identifying Information***

Alias(es): \_\_\_\_\_

\*Referral Source: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Voicemail?  Yes  No  Do not call this # for reminders

Cell/Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Voicemail?  Yes  No  Do not call this # for reminders

Soc Sec #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Employment status: \_\_\_\_\_

\*Preferred Method of Contact (please circle ones that apply):

**Text                      Cell                      Email**

\*Ethnicity: \_\_\_\_\_

\*Race: \_\_\_\_\_

\*Marital Status: \_\_\_\_\_

\*Living arrangement: \_\_\_\_\_

\*Highest education completed: \_\_\_\_\_

Military experience: ( ) Yes ( ) No

What branch: \_\_\_\_\_

### ***Emergency Contact Information***

Responsible Person: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### ***Primary Care Physician/Psychiatrist Contact Information***

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Presenting Problem** (State in your own words reasons for requesting our assistance):

**Client Signature:**

**Date:**

The Magnolia Clinic, LLC

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