

Bridge Counseling Group
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Phone (916) 557-8881

Intake Form for Couples Psychotherapy

Date: _____ Married? Y / N Date of Marriage: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____ Referred by: _____

Please indicate if messages can be left or mail sent to:

Home Phone: Yes No Work Phone: Yes No

Cell Phone: Yes No Home Address: Yes No

In case of emergency, please contact: _____ Phone: _____

Relationship: _____

Social Security No. _____ - _____ - _____

Children (names & ages):

Place of Employment: _____ Occupation: _____

Place of Employment: _____ Occupation: _____

Responsible Party information:

Name: _____ DOB/Age: _____/_____

Affiliation? (spouse, parent, etc.) _____

Briefly describe why you are seeking therapy at this time.
