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Intake Inventory  
(Adult Form – To be completed by the attending individual)

**Personal Data:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status:    Single    Married    Divorced    Widowed    Other

Cell Phone: \_\_\_\_\_ May we call this number?    Yes    No

Home Phone: \_\_\_\_\_ May we call this number?    Yes    No

Business Phone: \_\_\_\_\_ May we call this number?    Yes    No

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If different from above) \_\_\_\_\_

May we mail correspondence and billing information to the above address?    Yes    No

Occupation: \_\_\_\_\_

**Family Data (If applicable)**

Spouse Name: \_\_\_\_\_ Age: \_\_\_\_\_

Children (If applicable, please list below):

Name	Age	Place of Residence
_____	_____	_____
_____	_____	_____

Children (continued)


Briefly, please answer the following questions:

What are the main problems, as you see them, which bring you here?

What have you attempted to do about them?

Do you want counseling from a biblical, Christian perspective?

Have you ever thought about suicide? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

Please list any medications you are currently on and any physicians you are currently seeing: