Client Name:		
Date:		
	Intake Interview	
Demographic Information:		
Mental/Physical Health History:		
Presenting Problem:		
Legal Information:		
Trauma History:		
Supports/Strengths:		
Additional Information:		
Printed Name, Credential M.S. in Counseling Intern	Signature	
Date		
Printed Name, Credential Clinical Supervisor	- <u>- Signature</u>	
Date		