

Kathleen Choe
Licensed Professional Counselor – Supervisor
Certified Equine Assisted Psychotherapist
www.kathleenchoe.com

Adult Intake Form

Name: _____ **Age:** _____ **Date of Birth:** _____

Address: _____
Street City Zip Code

Telephone: (please circle preferred method of contact)

Home Cell

E-mail address: _____

Marital Status: Single Married Separated Divorced Widowed

If applicable:

Spouse's Name: _____ **Age:** _____ **Date of birth:** _____

If applicable:

Names/Ages of Children:

Reason for appointment:

Previous Counseling/Hospitalizations:

Current Medications: