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Choices for Change
Counseling

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ChoicesForChangeCounseling.com

INTAKE INFORMATION

Name: _____
(last) (first) (middle initial) (maiden)

Date: _____ Phone: (home) _____ (cell) _____

Address: _____
(street) (city) (state) (zip)

Mailing Address (if different): _____

Email Address: _____ Work Phone: _____

Date of Birth: _____ Age: _____ Gender: _____ Male _____ Female

Who referred you?

_____ Self _____ Court _____ Employer _____ Doctor _____ Clergy
_____ Family/Friends _____ School _____ Police _____ Therapist _____ Other

Marital Status: _____ Never Married _____ Separated _____ Widowed _____ Divorced
_____ Married/Living as Married _____ Minor Child

Education - Highest Grade Completed: _____

Ethnic Origin: (answering is voluntary) _____

Employment Status: _____ Unemployed _____ Homemaker _____ Child _____ College Student
_____ Part-time _____ Full-time _____ Retired _____ Disabled, Unemployed

Place of Employment: _____ Occupation: _____

Spouse's Name (or parent if a minor): _____

Family Insurance Company: _____ Insured's Name: _____

Insured's I.D. Number: _____ Insured's Group Number: _____

Insured's Date of Birth: _____ Relationship to Insured: _____

In case of emergency notify: _____ Phone: _____

What is the main reason for seeking counseling?

_____ Alcohol/Drugs _____ Marital _____ Family _____ Family Violence
_____ Emotional _____ Grief _____ Physical Health _____ Another's Emotional Health
_____ Anger _____ Eating Disorder _____ Other: _____

MEMBERS OF HOUSEHOLD

Name Relationship Date of Birth Gender

Name	Relationship	Date of Birth	Gender