



Teresa Field, M.A., L.P.C., L.M.F.T.
3530 N. Vancouver Ave., Ste. 340
503.730.8903

New Client Intake Form

Date of Intake: _____

Client Name: _____

Client Address: _____

City: _____ State: _____ Zip: _____

Parents name (if under 18):

Children? Y N

If yes, please list names/ages

Home # _____ Cell# _____

Work # _____

Please circle at which phone number you would prefer to be contacted first and where it is also safe to leave a message

E-mail (please print carefully) _____

Date of Birth _____

Birth Sex: M F Gender: M F Other

Preferred Pronoun: _____
(please circle - he, she, etc.)

Partnered? _____

Emergency Contact (Please list name and phone number):

Relationship to you

Employer and/or School (please state 'unemployed' if neither):

Physician's Name _____

Phone # _____

Current Medications (prescriptions/over the counter)

Other Health Treatments?

How many hours do you drive: Daily _____? Weekly _____? Monthly _____?

How often do you move your body (weekly, daily, monthly)? How intensely (moderately, leisurely, vigorously)? How often do you experience joy when you do these activities (1X/week etc.)? Please feel free to include names of sports or particular activities you enjoy. _____

How often do you enjoy being outside? In a nature setting?

What brought you here?

What do you hope to accomplish from our time working together?

Referred By?

May we thank them? YES NO