

# Elana Breiner, LMFT

Licensed Marriage and Family Therapist

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## Family or Couples Intake form

### (1) Client Information

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Gender: (M/F) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Responsible Party Information (IF OTHER THAN CLIENT(S))

Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

If client is a minor, what school does (s)he attend? \_\_\_\_\_ Grade: \_\_\_\_\_

### (2) Client Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Gender: (M/F) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

If client is a minor, what school does (s)he attend? \_\_\_\_\_ Grade: \_\_\_\_\_

### (3) Client Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Gender: (M/F) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

If client is a minor, what school does (s)he attend? \_\_\_\_\_ Grade: \_\_\_\_\_

### (4) Client Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Gender: (M/F) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

If client is a minor, what school does (s)he attend? \_\_\_\_\_ Grade: \_\_\_\_\_