

# WELLSPRING PSYCHOTHERAPY

## Client Intake Form

Please provide the information in the space below. All information is strictly confidential and will not be shared with anyone without your written consent.

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_

With whom do you reside? \_\_\_\_\_

Employer/School: \_\_\_\_\_

Work/School Address: \_\_\_\_\_

\_\_\_\_\_

How long have you been employed/a student here? \_\_\_\_\_

Position: \_\_\_\_\_

Emergency Contact

Name: \_\_\_\_\_

Number: \_\_\_\_\_

Previous therapy, when and where:

\_\_\_\_\_

\_\_\_\_\_

Current medication, dosage and length of time on medication:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and phone number for prescribing physician:

\_\_\_\_\_

\_\_\_\_\_

### **WELLSPRING PSYCHOTHERAPY LLC**

Chris Peckham, LCPC NCC

7304 Carroll Ave, #207

Takoma Park, Maryland, 20192

202-246-3260

# WELLSPRING PSYCHOTHERAPY

Major circumstances that bring you to therapy:

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What else would you like for me to know:

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Thank you again for trusting me as we start this process together.

Chris Peckham, LCPC NCC  
Owner, Wellspring Psychotherapy

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