

Edelman Counseling, LLC
8233 Old Courthouse Road, Ste. 340, Vienna, VA 22182
Intake Form

Date: _____

Individual's Name: _____

Contact Phone Number(s):

Address:

Email:

Date of Birth: _____ **Gender:**

Emergency Contacts/Parents/Guardians:

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Please tell us why you are here and what you want to do here?:

Are you or your child currently, or in the past, receiving any other behavioral health services from somewhere else?

Please list any physical health issues: _____

Are you or your child currently on medications and, if so, what medications?

Are you working or in school? If you are working what do you do? If, at school what grade/year are you in and what is the name of your school? Do you enjoy work or school? If, not why?

Are you using alcohol or drugs on a regular basis? If, so what drugs and frequency:
