



## INTAKE FORM

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

Case #: \_\_\_\_\_

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

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

DEA Job Series: \_\_\_\_\_

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

Division/Office: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

If not a DEA employee, client's relationship to employee: \_\_\_\_\_

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

Employee DOB: \_\_\_\_\_

Employee Job Series: \_\_\_\_\_

Employee Division: \_\_\_\_\_

-----

Presenting Concern(s)	✓	Description
Emotional		
Relationship/Family		
Occupational		
Substance Abuse		
Phase of Life Problem		
Other		

Presenting Concern Statement:

Goals for Resolution:

Referrals Made, as applicable: