**Frederick Marschner, LCSW-R; CASAC**

**Returning Client Intake Form**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MALE/FEMALE: \_\_\_ DATE: \_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE: H : \_\_\_\_\_\_\_\_\_\_ W/OFF.: \_\_\_\_\_\_\_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_**

**HIGHEST GRADE/DEGREE: \_\_\_\_\_\_\_\_\_\_ REFERRAL BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERSON AND NO. TO CALL IN EMERGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MARITAL STATUS: \_\_\_Former/Present marriage(s)** (years)**: \_\_\_\_\_\_\_\_**

**SPOUSE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_ OCCUPATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OCCUPATION/POSITION:**

**PRESENTING PROBLEM:**

**PAST/PRESENT MEDICAL CARE** (Specify: major problems, accidents, hospitalizations, current medication)**:**

**PAST/PRESENT COUNSELING/PSYCHOTHERAPY/MENTAL HOSPITALS: (Since last being seen)**

**PAST/PRESENT DRUG/ALCOHOL USE/ABUSE** (any addiction, AA/NA/etc.)**: (Since last being seen)**

*Please list any other new and ongoing concerns you are having at this time.*