

**The Coche Center** **Client Intake Information**  
**(Completed During Initial Consultation)**  
**Check list: HIPPA, How we operate, Data base, Client intake,**  
**Credit card info, Treatment plan to follow.**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Clinician:** \_\_\_\_\_

I. Symptom Inquiry

Month and Year symptom first appeared \_\_\_\_\_

Have symptoms recurred? \_\_\_\_\_ Frequency \_\_\_\_\_

Other professionals involved (give name, relationship, phone number for physicians, lawyers, schools, etc.)

\_\_\_\_\_

II. Mental Health Assessment

Past Mental Health History:

Psychological Assessment \_\_\_\_\_

Psychotherapy (date, therapist, outcome) \_\_\_\_\_

\_\_\_\_\_

Special Schools/agencies in past \_\_\_\_\_

Reason for Referral in your own words:

What are your goals for psychotherapy (list specific goals)

III. Disposition

Therapist (primary) \_\_\_\_\_

Medication ? Physician? \_\_\_\_\_

DSM IV Diagnosis Axis I:

AXIS 2

AXIS 3

AXIS 4

AXIS 5 \_\_\_\_\_

Diagnosis for INSURANCE \_\_\_\_\_