

Ken Hewett LCPC
 18 E Dundee Rd suite 120
 Barrington, Ill 60010

Intake Form

Client's Name First name middle Last Male Female

Spouse's Name First name middle Last Male Female

Address

City State zip

Home Phone () Work Phone () Cell Phone ()

Date of Birth / / Highest Level of Education

Occupation/Business

How did you hear about us?

Personal & family history:

Client's Immediate Family members:

Name	Relationship	age		Name	Relationship	age

Please describe any history of physical or mental health issues either in your current family or in your family of origin:

Any history of addictions? yes no Give details:

Have you ever had psychotherapy before? yes no Reason:

Name of therapist: Dates:

Are you currently on any medications? yes no

medication	_____	Prescribed by:	_____	dosage	_____	Date(s) of usage	_____
medication	_____	Prescribed by:	_____	dosage	_____	Date(s) of usage	_____

Any significant health changes in the past year? yes no reason:

What brings you to therapy at this time?

What are your primary support systems in life?

Do you have a spiritual orientation or religious affiliation? If so, would you like for it to be included in the counseling process?

Notice of Privacy Practices,
Payment & Cancellation Policies
Receipt and Acknowledgment of Notice

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Compass Counseling's Notice of Privacy Practices, Payment & cancellation policies. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Brenda Olsen 1531 S. Grove Ave. Suite 204, Barrington, IL 60010. (847) 381-2700.

Signature of Patient/Client

Date

Signature or Parent, Guardian or Personal Representative *

Date

** If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).*

Patient/Client Refuses to Acknowledge Receipt:

Signature of Staff Member

Date