

Program You Are Applying for: _____ Family Tree _____ Sliding Scale _____ CDBG
_____ Insurance, if so _____ DOB _____ Member # _____ Type of Insurance

COUNSELING INSTITUTE OF TEXAS
General Intake

Date of Call _____

Client _____ Age _____

If Student, Parent/Guardian Name: _____

Grade _____ School _____

If Caller is not client, relationship to client _____

Address _____
(Street) (Apt #) (Zip)

Best Phone Number () _____ Cell _____ Home _____ Work _____
(check one)

Best Time to Call: _____ Email: _____

Presenting
Problem _____

Has client previously been in counseling? _____ If so, when? _____

Was the Counseling at CIT? _____

Who referred you today? _____

FAMILY HISTORY

ADULT CALLER/CLIENT: _____

AGE _____ D.O.B _____ SEX _____

SPOUSE/PARTNER: _____

AGE _____ D.O.B _____ SEX _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____

CHILDREN LIVING AT HOME:

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>AGE</u>	<u>D.O.B.</u>	<u>SEX</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CHILDREN NOT - LIVING AT HOME:

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>AGE</u>	<u>D.O.B.</u>	<u>SEX</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHERS LIVING IN HOUSEHOLD:

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>AGE</u>	<u>D.O.B.</u>	<u>SEX</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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Please Fill Out And Fax To: 972-271-4302 or Email to: office@citexas.org