



**SUSANNE MOTLEY MFT**

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**Adult Intake form**

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

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

D.O.B: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best phone no. to reach you on? \_\_\_\_\_ Home/Cell? \_\_\_\_\_

Email: \_\_\_\_\_

Name and phone no. of emergency contact: \_\_\_\_\_

Have you had previous Therapy/Counseling? Yes \_\_\_\_\_ No \_\_\_\_\_

Referred by: Self: \_\_\_\_\_ Dr.: \_\_\_\_\_ Other: \_\_\_\_\_

Primary reason for seeking therapy: \_\_\_\_\_

Do the primary concerns include any of the following? (Please check all that apply):

Custody Issues: \_\_\_\_\_

Workers Compensation: \_\_\_\_\_

Seeking treatment as a requirement of probation: \_\_\_\_\_

Victim of a violent crime: \_\_\_\_\_