



**DAVID J. BARRY, M.A.**  
Marriage and Family Therapist

**Client Intake Form**

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

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_  
Primary Phone Number      Secondary Phone Number      Email Address

Married   Single   In Relationship

Spouse/Partner's Name: \_\_\_\_\_

Children (names and ages)

\_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ At Home: Yes No

\_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ At Home: Yes No

\_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ At Home: Yes No

Please list the names and relationship to any other people living in the house

\_\_\_\_\_ Relationship to client: \_\_\_\_\_

\_\_\_\_\_ Relationship to client: \_\_\_\_\_

What is the reason for your visit? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I was referred by: \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_