

Joe Kort and Associates, PC

INTAKE FORM

What is causing you to seek Joe's services at this time? _____

What type of therapy are you pursuing with Joe? COUPLES GROUP INDIVIDUAL

***If you are seeing Joe for COUPLE'S THERAPY,
please use the reverse to provide information about your partner/spouse..***

Were you referred to Joe Kort? NO YES

If "NO", how did you first hear about Joe Kort? _____

If "YES", who referred you (name)? _____

NAME: _____
(PLEASE PRINT CLEARLY) Last First Middle

ADDRESS: _____
Number and Street City State Zip Code

E-Mail Address: _____ May I put you on my mailing list? NO YES

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Birthdate: _____ Your Age Today: _____ Today's Date: _____
Month/Day/Year

RACE	
<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic
<input type="checkbox"/> American Indian	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Other

RELIGION	
<input type="checkbox"/> Agnostic / None	<input type="checkbox"/> Jewish
<input type="checkbox"/> Baptist	<input type="checkbox"/> Protestant
<input type="checkbox"/> Catholic	<input type="checkbox"/> Other

MARITAL STATUS	
<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
<input type="checkbox"/> Married	<input type="checkbox"/> Single
<input type="checkbox"/> Partnered	<input type="checkbox"/> Widowed

GENDER: Male Female

ROMANTIC/SEXUAL ORIENTATION: Heterosexual Gay/Lesbian Bi-Attractional/Bisexual Questioning

<u>Children:</u>			
Name	Age	Sex	Live at Home? (Yes/No)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Spouse/Partner</u>		
(COMPLETE IF SPOUSE IS NOT ATTENDING THERAPY)		
_____	_____	
Name	Length of time together	
_____	_____	
Age	Gender	Occupation
_____	_____	_____
Address & Phone (if different)		

Person to Contact In Case Of Emergency:

_____ (____) _____
Name Phone Relationship to YOU

EMPLOYMENT INFORMATION:

Name Of Employer: _____ Position Title: _____

Address Of Employer: _____
Number and Street City State Zip Code

How long have you worked for your current employer? _____

Joe Kort and Associates, PC

If you are seeing Joe for **COUPLE'S THERAPY**, please use the front of this form to provide information about yourself and this side to provide information about your partner/spouse.

PARTNER/SPOUSE INFORMATION

NAME: _____
(PLEASE PRINT CLEARLY) Last First Middle

ADDRESS: _____
Number and Street City State Zip Code

E-Mail Address: _____ May I put you on my mailing list? NO YES

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Birthdate: _____ Your Age Today: _____ Today's Date: _____
Month/Day/Year

RACE	
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Spouse/Partner</u>		
(COMPLETE IF SPOUSE IS NOT ATTENDING THERAPY)		
_____	_____	
Name	Length of time together	
_____	_____	
Age	Gender	Occupation
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Address & Phone (if different)		

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_____ (____) _____
Name Phone Relationship to YOU

EMPLOYMENT INFORMATION:

Name Of Your Employer: _____ Position Title: _____

Address Of Employer: _____
Number and Street City State Zip Code

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