

**Nancy Culhane, M.S. Licensed Marriage and Family Therapist**  
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**Client Intake Form**

Today's Date: \_ \_ \_ \_ \_

Name: \_ \_ \_ \_ \_ Age: \_ \_ \_ Sex/Gender: \_ \_ \_

**Partner, if applicable:**

Name: \_ \_ \_ \_ \_ Age: \_ \_ \_ Sex/Gender: \_ \_ \_

**Address 1:** \_ \_ \_ \_ \_

**2:** \_ \_ \_ \_ \_

**Occupation 1:** \_ \_ \_ \_ \_

**2:** \_ \_ \_ \_ \_

**Phone:**

1. \_ \_ \_ \_ \_ Okay to leave messages? Yes No

2. \_ \_ \_ \_ \_ Okay to leave messages? Yes No

*Which number should I call regarding appointments or other general information?*

\_ \_ \_ \_ \_

Name of an emergency contact person: \_ \_ \_ \_ \_

Emergency contact's phone number: \_ \_ \_ \_ \_

Please list any medications you are taking:

\_\_\_\_\_

Partner/spouse medications:

\_\_\_\_\_

Who suggested you come to me for services? \_ \_ \_ \_ \_

May I contact this person or agency to acknowledge the referral? Yes No