



Karin Connelly, PhD, MHT  
845-750-0476

## Client Intake Form

Date \_\_\_\_\_ Client Name \_\_\_\_\_

### Client Information

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

DOB \_\_\_\_\_ Gender \_\_\_\_\_

### Reason for Seeking a Session

**\*This work is not a substitute for psychotherapy as it does not offer comprehensive or long-term interventions and support.**

**Do you have any psychological or behavioral conditions requiring continued treatment by a psychiatrist or psychotherapist? Please describe below and additionally provide a list of any medications you're currently prescribed.**

*Thank you*

---

---

---

