

**Alice Litter MSW LICSW  
Client Intake**

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

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

Mailing Address(if different):  
\_\_\_\_\_

Contact Phone ##: \_\_\_\_\_

Do you consent to my office leaving voicemails for you?  Yes  No

Do you consent to text messages for routine matters such as appointment scheduling/reminders w/understanding that security of text communication cannot be guaranteed?  Yes  No

Do you consent to email contact for routine matters such as appointment scheduling/reminders w/understanding that security of email communication cannot be guaranteed?  Yes  No

If consenting to email, your email address: \_\_\_\_\_

Emergency Contact Name(s) & Phone ##: \_\_\_\_\_  
\_\_\_\_\_

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Family Status (check all that apply):  Single  Living with Partner  Married  
 Separated  Divorced  Widowed

Referred by: \_\_\_\_\_

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**Family Information**

First Name only	Age	Relationship	Occupation/ Grade in School	Live w/?

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

\_\_\_\_\_  
Signature of client/parent/legal representative or guardian

\_\_\_\_\_  
Printed Name of person signing above