



The Counseling Team International
 41750 Rancho Las Palmas Dr. Ste #O-2
 Rancho Mirage, CA 92270
 Ph: (800) 651-1021 Fax: (760) 636-0437
 Email: deaeapbilling@thecounselingteam.com



ADMISSION FORM

Case #: _____

Therapist Name: _____

Intake Date: _____

Client Name: _____

Client Gender: M F **DOB:** _____

Address: _____

Relationship: if not employee _____

Contact Phone: _____

Employee Name: _____

Current Address (If different) _____

Phone: _____ **DOB:** _____

Division: _____

Employment City: _____

Employee Job Classification:

- ___ Agent/Pilot
- ___ Technical/Clerical
- ___ Professional/Admin.
- ___ Diversion Investigator
- ___ Chemist
- ___ Intelligence Research Spec.

Type of Problem <i>(check one only)</i>	<input checked="" type="checkbox"/>	Symptom Description
Emotional	<input type="checkbox"/>	
Relationship/Family	<input type="checkbox"/>	
Occupational	<input type="checkbox"/>	
Substance Abuse	<input type="checkbox"/>	
Phase of Life Problems	<input type="checkbox"/>	

PROBLEM STATEMENT:

TREATMENT PLAN/GOALS:
