



Matters of the Heart Therapeutic Services

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Confidential Client Information All information submitted is secure and protected. Please complete this form as accurately as possible before your first appointment.

## 1. Client Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Contact Method: ☐ Phone ☐ Email ☐ Text

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## 2. Demographic Information

Gender Identity: ☐ Male ☐ Female ☐ Non-Binary ☐ Other: \_\_\_\_\_

Pronouns: ☐ He/Him ☐ She/Her ☐ They/Them ☐ Other: \_\_\_\_\_

Race/Ethnicity: ☐ African American ☐ Caucasian ☐ Hispanic/Latino ☐ Asian ☐ Native American ☐ Other: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Partnered

Employment Status: ☐ Employed ☐ Unemployed ☐ Student ☐ Retired ☐ Other: \_\_\_\_\_

Education Level: ☐ High School ☐ GED ☐ Some College ☐ College Degree ☐ Graduate Degree

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## 3. Emergency Contact

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

Phone: \_\_\_\_\_

## 4. Referral Information

How did you hear about us? ☐ Court ☐ Probation ☐ School ☐ DFCS ☐ Self ☐ Other:

Referring Agency/Officer (if applicable): \_\_\_\_\_

Case Manager or Probation Officer: \_\_\_\_\_

Phone: \_\_\_\_\_

## 5. Presenting Concerns

Please describe the main reason(s) you are seeking services:

\_\_\_\_\_  
\_\_\_\_\_

Have you received counseling before? ☐ Yes ☐ No If yes, where and when?

\_\_\_\_\_

Are you currently taking any medications? ☐ Yes ☐ No If yes, list them:

\_\_\_\_\_

## 6. Substance Use History

Do you currently use alcohol or drugs? ☐ Yes ☐ No If yes, list substances and frequency:

\_\_\_\_\_

Have you ever been in treatment for substance use? ☐ Yes ☐ No If yes, where and when?

\_\_\_\_\_

Age of first use: \_\_\_\_\_ Most recent use: \_\_\_\_\_ Longest period of sobriety: \_\_\_\_\_

Family history of substance use? ☐ Yes ☐ No If yes, please explain:

\_\_\_\_\_

## 7. Background Information

Employment/School: \_\_\_\_\_

Primary Support System: ☐ Family ☐ Friends ☐ Faith ☐ Other: \_\_\_\_\_

Legal Involvement: ☐ None ☐ Current Case ☐ Probation ☐ Pending Court

Date If yes, please describe: \_\_\_\_\_

## 8. Goals for Counseling

What would you like to accomplish through counseling?

\_\_\_\_\_  
\_\_\_\_\_

## 9. Privacy & Electronic Consent

I understand that the information I provide through this form will be used for intake and scheduling purposes by Matters of the Heart Therapeutic Services.

I understand that submitting this form does not establish a therapeutic relationship until I have completed the full intake process and signed consent forms during my first session.

I understand that confidentiality is maintained according to HIPAA guidelines and that

electronic submissions are encrypted for privacy.

**6** I agree and consent to electronic communication and services.

(Required) Type Full Name (as signature): \_\_\_\_\_Date:

\_\_\_\_\_

**Submit Instructions:**

Please review your information before submitting. Once submitted, a member of our team will contact you within 1–2 business days to schedule your appointment or follow up on your inquiry.