



Intake Form

PLEASE COMPLETE THE FOLLOWING INFORMATION AND BRING THIS FORM WITH YOU TO YOUR FIRST SESSION.

Legal Name of Partner 1 _____

Preferred Name _____

Legal Name of Partner 2 _____

Preferred Name _____

Address _____

Partner 1 Email Address _____

Partner 2 Email Address _____

Partner 1 Phone Number _____

Is it okay to leave a confidential voice mail? YES _____ NO _____

Date of Birth _____ Age _____ Social Security Number _____

Occupation _____ Employer _____

Partner 1 Phone Number _____

Is it okay to leave a confidential voice mail? YES _____ NO _____

Date of Birth _____ Age _____ Social Security Number _____

Occupation _____ Employer _____

What is the name of your primary insurance company? _____

Insurance Member ID/Policy Number _____

Group Number _____

Client's relationship to insurance subscriber: Self _____ Spouse _____ Child _____ Other _____

Subscriber's name (if different from above) _____

Subscriber's address (if different from above) _____

Subscriber's birth date (if different from above) _____

Subscriber's social security number. (if different from above) _____

Emergency Contact _____

Relationship to Client _____ Phone number _____

How long have you been in your relationship? _____

What do you hope to accomplish with counseling? _____

What have you already done to help with difficulties in your relationship? _____

What are your strengths as a couple? _____

The above information is true to the best of my knowledge. I authorize my insurance to be billed for services. I understand that I am financially responsible for any balance. I also authorize Amanda Lawson-Ross, Ph.D. or insurance company to release any information required to process my claims.

SIGNATURE OF PARTNER 1 _____

SIGNATURE OF PARTNER 2 _____

DATE _____