



**Intake Form**

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

**Family Member 1 complete this section.**

Legal Name of Family Member 1 \_\_\_\_\_

Preferred Name \_\_\_\_\_

Family Member 1 Email Address \_\_\_\_\_

Family Member 1 Address \_\_\_\_\_

\_\_\_\_\_

Family Member 1 Phone Number \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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 family? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Family Member 2 complete this section.**

Legal Name of Family Member 2 \_\_\_\_\_

Preferred Name \_\_\_\_\_

Family Member 2 Email Address \_\_\_\_\_

Family Member 2 Address \_\_\_\_\_

\_\_\_\_\_

Family Member 2 Phone Number \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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 family? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Family Member 3 complete this section.**

Legal Name of Family Member 2 \_\_\_\_\_

Preferred Name \_\_\_\_\_

Family Member 2 Email Address \_\_\_\_\_

Family Member 2 Address \_\_\_\_\_

\_\_\_\_\_

Family Member 2 Phone Number \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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 family? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If using insurance, complete this section. If not, leave blank.**

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 for both clients \_\_\_\_\_

Relationship to Client(s) \_\_\_\_\_ Phone number \_\_\_\_\_

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 FAMILY MEMBER 1 \_\_\_\_\_

SIGNATURE OF FAMILY MEMBER 2 \_\_\_\_\_

SIGNATURE OF FAMILY MEMBER 3 \_\_\_\_\_

DATE \_\_\_\_\_