**Intake Form**

Date: 

Name:  DOB:  Age: 

Faith:  Race/Ethnicity: 

Address: 

Phone:  Email: 

**Payment Information Hourly Private Pay Rate: $200**

Therapy Type: □Individual □Couple/Marriage □Family □Christian Counseling

**Insurance & Emergency Contact**

Insurance:  ID: 

Subscriber:  Sub. DOB: 

Emergency Name: Phone #: 

**Referral Source & Presenting Issues**

Name/Agency:  Phone: 

Safety Concerns: **Availability (Please check all available time frames & days not preferences):**

**Days:******M ****T ****W ****Th ****Fr **Times:** **** (9a-12p) **** (1p-4p) **** (5p-7p) **** (open)

**Presenting Issues: **