Counseling Intake Form

Patient information			
First name: Lucy	Last name: Williams	Preferred name: Lucy	Patient identifier (If known): WL12901
Gender: Female	Preferred pronoun: She/her	Date of birth: July 2, 1990	Marital status: Single

Address	City	State	Zip code
Hedwig St.	Miracle City	Divine	1829

Email	Contact number
lwilliams@email.com	098-1920-1019

Emergency contact		
Full name: Mary Williams	Relationship: Mother	Contact number: 909-1918-2290

Health and medical information		
Primary care physician: Dr. Harry Jones	Address: West Clinic	Contact number: 182-1910-2911
Psychiatrist: N/A	Address: N/A	Contact number: N/A

Please list relevant medical history/conditions

N/A

Please list any current medication

N/A

Insurance information (If applicable)		
Insurance carrier: Covenant	Insurance plan: Premium	Contact number: 181-2011-2910
Policy number: CLW1912	Group number: 32-A	Social security number: 0-112-10239-11

Employment status

(●) Employed ( ) Self-employed ( ) Unemployed ( ) Other:

Occupation	Industry	Company name
Teacher	Education	Spring Academy

Company address	City	State	Zip code
24 East Road	Miracle City	Divine	1829

Reason(s) for seeking counseling

Briefly describe the main concern or issue that led you to seek counseling. Please also indicate your availability throughout the week.

Always anxious before I enter my classes. Always wake up way earlier to further double checked what was prepared despite having done it already.
Monday - Friday: 6pm - 8pm
Saturday & Sunday: 9:00-11:00 AM