Counseling Intake Form Template

Patient Information

First Name	Last Name	Preferred Name	Patient Identifier (If known)
Lucy	Williams		

Gender	Preferred Pronouns	Date of Birth	Marital Status
Female	She/Her	02/18/1995	Unmarried

Address	City	State	Zip Code
123 Sample Street	Miami	FL	33101

Email	Preferred Phone Number
lucy.williams@example.com	123 - 456

Emergency Contact

Full Name	Relationship	Contact Number
Helen Williams	Mother	456 - 789

Health and Medical Information

Primary Care Physician	Address	Contact Number
Care Family Center	456 Example St	123 - 456
Psychiatrist	Address	Contact Number

Please list any medical conditions
Generalized anxiety disorder

Please list any current medication
N/A

Insurance Information (If Applicable)

Insurance Carrier	Insurance Plan	Contact Number
Policy Number	Group Number	Social Security Number

Employment Status

☑ Employed ☐ Self Employed ☐ Unemployed ☐ Other _____

Occupation	Industry	Company Name
Teacher	Education	

Company Address	City	State	Zip Code

Availability

Please describe your availability throughout the week

Monday - Friday: 6pm - 8pm
Saturday & Sunday: all day