



# NICOLA COUNSELING SERVICES

LLC

## Intake Form

Please provide the following information. Note: this information will be kept confidential.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

(Last)

(First)

Name of parent or guardian (if under 18 years)

\_\_\_\_\_

(Last)

(First)

(Middle Initial)

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email: \_\_\_\_\_ May I email you? Yes \_\_\_ no \_\_\_

Home Phone: \_\_\_\_\_ May I leave message here? Yes \_\_\_ no \_\_\_

Cell Phone: \_\_\_\_\_ May I leave message here? Yes \_\_\_ no \_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Single: \_\_\_ Married: \_\_\_ Separated: \_\_\_ Divorced: \_\_\_ Widowed: \_\_\_

Referred by: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Group #: \_\_\_\_\_

Please describe the challenges or symptoms for which you are seeking services:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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What issue/specific concern is the most important to address in therapy?

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What significant life changes or stressful events have you experienced recently?

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What goals would you like to work toward in therapy?

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What other information might you like me to know about why you are seeking therapy?

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