

Amy Thompson, LPC-S
106 S. Harris Street, ste 125
Round Rock, Texas 78664
512-517-9429

Intake Form

Name: _____ DOB/Age: _____

Address: _____

Phone Number: _____ Cell or Home _____

Email Address: _____

Marital Status: Single Engaged Married Separated Divorced

Spouse's Name: _____

Names and Ages of Children, if applicable:

Occupation/Place of Employment: _____

Emergency Contact: _____

Reason for Counseling: _____

Previous Counseling: _____

Current or Past Medications: _____

Church Affiliation, if applicable: _____

Any other relevant information: _____
