

**Journeys End Counseling, Consulting & Training,
 LLC Outpatient Intake Form
 1035 S Semoran Blvd, Ste
 1049 Winter Park, FL
 32792**

Please complete ALL information and provide a copy of your insurance card (if applicable) and Driver's License.

Date: _____

Client: _____ D.O.B: ____/____/____

Sex: Female Male Age: _____

Social Security Number: _____ Last 4 driver's license photo

Marital Status: S M D Sep

Address: _____

City: _____ Country: _____

Zip Code: _____ Phone: _____

Work/Cell: _____ Email: _____

Household Members:

Contact Preference: Cell Email Phone

Employment Status: Full-time Part-time Student Unemployed

Retired Disabled

Employer: _____

Insurance: Yes No, _____

Subscriber/Grp # _____

Pre-Authorization Required: Yes No

Authorization # EAP Yes No

Presenting Problem:

Type of counseling:

Individual	Family	Couples	Children	MH
Life Coaching	Evaluation	Mental Health	Depression.	Anger
Anxiety	Trauma History	Relational Difficulties	Adoption	
Parent-Child Conflict	Other			

Medical Health Concerns:

Loss or grief:

Recent Changes in employment, housing, friendships:

Desired goal(s) for counseling:

Court Ordered:

How did you hear about us?

Referral from friend
Website

Referral from church

Community Referral