

**Journeys End Counseling, Consulting & Training, LLC
Outpatient Intake Form**

Please complete ALL information and provide a copy of your insurance card and Drivers License.

Date: _____

Client: _____ D.O.B. _____ Sex: F/M Race: _____ Age: _____

Social Security Number: _____ Drivers License # _____

Marital Status: S M D Sep

Number of persons living in household: _____:

Name	Ages

Address: _____

City: _____ County: _____ Zip Code _____

Phone # _____ Work/Cell: _____

Email: _____

Contact Preference: Phone/Cell/Email (please circle preference)

Employment Status: Full-Time Part-Time Student Unemployed Retired Disabled

Employer: _____

Insurance: Y N _____

Subscriber/Grp # _____

Pre-Authorization Required Yes No

Presenting Problem:

Type of counseling: Individual Family Couples Children MH SA Life Coaching

Evaluation: Mental Health Substance Abuse

Depression Anxiety Anger Marital Conflict Spiritual Conflict Substance Use

Substance Type: _____ Other: _____

Thank you for completing the Intake Form. Please print and bring with you to your initial session. You may also save the completed document and return by email to jecounseling4u@gmail.com.