

Little Lamp Christian Counseling LLC

Ashley Sims, LPC
Supervisor: Cindy Smiley, LPCC-S

CLIENT INTAKE FORM

DEMOGRAPHIC INFORMATION

Full Name:

Birth Date:

Gender:

Race/Ethnicity:

Street Address:

City:

State:

Zip code:

This company uses text messaging and phone calls as the main source of communication. Occasionally a voicemail may be left in addition to, or in lieu of a text message. In order to proceed with services, you must give Ashley Sims LPC of Little Lamp Christian Counseling LLC permission to contact your phone number, and leave voice and text messages.

Do you Consent?:

Phone Number:

Are you a Christian?:

Do you want Faith-Based Counseling?:

Highest level of Education completed:

Are you currently in school?:

Are you currently Employed?:

What is your Occupation?:

Have you served in the Armed Forces?:

Relationship Status:

Who do you currently live with?

Please list household members below and the quality of your relationship with them. You do not need to give their full names (for example, you can put "A" for "Ashley", or just put "mom" instead of your mothers' legal name).

Name (or Nickname)	Quality of the relationship (Good/Bad)

EMERGENCY CONTACT INFORMATION

Name:

Phone Number:

Relationship to you:

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