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## Little Lamp Christian Counseling LLC

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

## CLIENT INTAKE FORM

	DEMOG	GRAPH	IC INFORM	ATION	
Full Name:					
Birth Date:	Gender:		Race	Race/Ethnicity:	
Street Address:			·		
City:	State:			Zip code:	
This company uses text messaging a be left in addition to, or in lieu of a Little Lamp Christian Counseling L	text message. 1	In order t	to proceed wit	h services, you must	give Ashley Sims LPC of
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 i	is your Occup	ation?:	
Have you served in the Armed For	ces?:		Relationship	Status:	
Who do you <u>currently</u> live with? Please list household members below names (for example, you can put "A'  Name (or Nickname)	' for "Ashley"		out "mom" ins		s' legal name).
	FMFRGEN	CV CON	TACT INFO	DMATION	

**Phone Number:** 

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Name:

Relationship to you:

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## CLIENT INTAKE FORM

PRIOR	COUNSELING			
Have you been in counseling/therapy before?:	When?:			
Was it helpful?:				
What diagnosis(es) were you given (you can say you d	on't know or remember)?:			
Have you ever spent the night in a psychiatric hospital	1?:			
Are you taking any <u>psychiatric</u> medication?  Please list the names of the medications below, and whetle	her you feel it is helpful.			
Medication Name	Helpful? (Yes, No, Somewhat)			
PRESENT	TING CONCERNS			
What brings you to counseling?:				
How long have you been experiencing this?:				
How much do these concerns interfere with your daily	v life?:			
MA	ARKETING			
How did you hear about this practice?:				
SIC	GNATURE			
	ease have documents ready to be uploaded during your first Little Lamp Christian Counseling LLC.			
and accurate, and acknowledge that your electronic si	ne best of your knowledge, the provided information is true gnature is legally binding and considered the equivalent of a to share the information provided on this document with g LLC.			
Today's Date:				
Printed Name:				
Electronic Signature:				