



Christine Leonard LPC-A, LAC-A, NCACII, AADC, SAP, CS-IP
P.O. Box 526
Graniteville, SC 29829
(P) 803-634-2369
(F) 706-305-4993
(E) info@fullcircleconsultingsc.com

Client Intake Form

Patient Information

Patient Name: _____ DOB: _____ Sex: M or F
Address: _____ SS# _____ - _____ - _____
City: _____ State: _____ Zip Code: _____ Race: _____
Phone Number(s): Home (_____) _____ Cell (_____) _____
Email Address: _____ May our office contact you via email? Y or N
Marital Status: Single Married Divorced Separated Widow Other Student: Yes or No

Financially Responsible Person: (If different from patient)

Name: _____ DOB: _____ SS#: _____ - _____ - _____ Sex: M or F
Relationship to Patient: _____ Address: _____
Phone: (_____) _____

Emergency Contact

Emergency Contact: _____ Relationship to Patient: _____
Address: _____ Phone: (_____) _____
Emergency Contact: _____ Relationship to Patient: _____
Address: _____ Phone: (_____) _____
Emergency Contact: _____ Relationship to Patient: _____
Address: _____ Phone: (_____) _____

Primary Care Physician

Primary Care Provider (Required): _____ Phone: (_____) _____
Address: _____ May we contact your PCP: Y or N

Reasons for Seeking Therapy:
