



Distance Counseling Intake Form

(Use this form, or ask to discuss this information in session)

Name _____

Street Address _____

City/State/Zip Code _____

Insurance Provider and ID (unless self-pay) _____

Do you currently feel like hurting yourself, or someone else? _____

If yes, have you contacted anyone about this? _____

Have you ever participated in Counseling before? _____

If yes, how many years? _____

Have you ever operated a webcam or used video-chat? _____

If no, are you willing to learn? _____

What would you like help with? _____

How did you hear of us? _____

Do you have a preferred Branches Therapist? _____

Are there specific days/times that work best for your schedule? _____

Is there anything else you want your therapist to know before your first session? _____

