

Help Means Hope Counseling Services

How did you hear about our counseling office?

Website/Internet Search _____

Church Referral _____

Other _____

ADULT INTAKE FORM

PLEASE PRINT CLEARLY

Client #1

Name: _____ DOB: ____/____/____ Age: ____ Sex: M F

Address: _____
City State Zip

Home #: _____ Cell #: _____

Occupation: _____ Email: _____

Client #2 (if applicable)

Name: _____ DOB: ____/____/____ Age: ____ Sex: M F

Address: _____
City State Zip

Home #: _____ Cell #: _____

Occupation: _____ Email: _____

Current Marital Status

Not Married Married Separated Widowed Divorced

Emergency Contact Person

The counselor has my permission to call the emergency contact person I list below in the event of an emergency situation

Contact Person: _____ Relationship: _____

Telephone # _____

Client #1 Signature _____ Date _____

Client #2 Signature _____ Date _____

Telephone Messages

The counselor has my permission to call at the telephone #'s I have provided to leave messages that include his name and number

Client #1 Signature _____ Date _____

Client #2 Signature _____ Date _____

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