Judy Clark, M. Accd, M.Ed, LPC
Welcome Counseling Services
2809 Regal Road, Suite 110
Plano, TX 75075 214-228-8697
judyclarklpc@yahoo.com

INTAKE INFORMATION

****

Date: _____ Referred by: _____
Name: _____ Age: ____ Name: _____ Age: ____
Address: _____ Address: _____
_____ _____

Employer: _____ Employer: _____
Position: _____ Position : _____

Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____
Email: _____ Email: _____

Family Members	Age	Gender	Religion/Parish or Congregation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family Type: __Single __Married __Remarried __Single Parent __Two Parent
Children from previous marriage? __Yes __No If Yes, how many?___
Date of Present Marriage_____ Name of Current Spouse_____

History of Previous Counseling?____Indivdual____Couple
Physical limitations/issues_____
Current Medications_____

Family History (Immediate and Extended Family)

___alcohol abuse	___trouble with the law	___gambling issues
___Other drug issues	___sexual abuse	___divorce
___depression	___hospitalization (Psych)	___suicide or attempts
___physical abuse/emotional	___sexual addiction	___eating disorder

Why I (We) have come to
counseling?_____
_____
_____

Additional
Comments:_____
_____