

**Judy Clark, LPC**

Welcome Counseling Services  
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**Intake Update**

Please state any relevant information that has changed since the last intake:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ New E-mail: \_\_\_\_\_

Consent for Counselor to leave a message or send mail/e-mail?

Mail  E-mail  Phone  No, do not contact me  Initial

If checked phone, at which number(s): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Any new information pertinent to your treatment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
If under 18, Client's Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Service Provider's Signature

\_\_\_\_\_  
Date