Igneous Solutions, LLC

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Intake Form

Client			
Name	DOB	SSN	
Address	City	State	Zip
Email	Phone #1	Phone	#2
Gender □ Male □ Female □ Other	Marital Status	☐ Married ☐ Divorced	☐ Single ☐ Widowed
Employed □ Yes □ No If Yes, Occupation			
Emergency Contact			
Name	Relationship		
Email	Phone #1 Phone #2		
Insurance			
Policy Holder Policy Name/Type			
Policy #	Group #		
Copay Amount	Authorization # Session #		
Referred by			
Concerns			
Past Present □ Anxiety □ Depression □ Trauma □ Grief / Loss □ Relational (family) □ Relational (partner) □ Occupational □ Domestic Violence □ Adjustment/Transition □ Substance Use □ Other		Pre	scribed For