Laurie Kingsley LMFT
[p:] (805) 722-4170
[m:] P. O. Box 1929, Santa Ynez, CA 93460

CONFIDENTIAL INTAKE FORM

Date: _____

Contact

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home: _____ Work: _____ Cell: _____

DOB: _____

Occupation: _____

Relationship

Spouse or Partner: _____

Parents (if minor): _____

Beginnings

Reason for Today's Visit: _____

_____

_____

Health History

Are you currently taking medication? [ ] yes [ ] no

If yes, what kind: _____

For what reason: _____

Name of prescribing physician: _____

Have you ever had counseling before? [ ] yes [ ] no

If yes, when and where? _____

_____