

Lacey D. Amos, M.A., LPC

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NEW CLIENT(S) – INTAKE FORM

Name(s): _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone(s): _____ Email(s): _____

Occupation(s): _____

Age(s): _____ DOB(s): _____ Relationship Status: _____ Education: _____

Please describe reason(s) for seeking counseling: _____

How did you hear about Lacey Amos Counseling? _____

List any current medications: _____

Name of Physician: _____ Date of last exam: _____

Any prior experience with counseling? Please explain: _____

Reason for termination: _____

Have you (or your partner, in case of couples' counseling) ever been to a psychiatrist or sought help for mental health issues from a physician? If yes, when? _____

List the members of your family or the others in the home:

Names	Age	Relationship	Occupation	Employment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Emergency Contact: _____ Phone: _____

Please provide a debit/credit card to keep on file to secure appointments. This card will be used in the event of a late cancellation (<24 hour notice, charge of 50% of session rate) or missed appointment (charge of full session rate) and can also be used for session payment.

Card types accepted: Visa MasterCard AmEx Discover

Card Number: _____ Name on card: _____

Expiration date: _____ Zip code associated with card: _____

Three digit security code on back of card: _____ (If card is AmEx, this will be a four digit code on the front).

I give Lacey Amos permission to utilize the following methods of communication _____ cell phone _____ text _____ email

Client(s) Signature(s) _____ Date _____