

IAC Center Intake Form



Please provide the following information and answer the questions below. Please note: information you provide here is protected as confidential information.

Please fill out this form and bring it to your first session.

Name: _____
(Last) (First) (Middle Initial)

Second Name if you are attending as a couple:

(Last) (First) (Middle Initial)

Name of parent/guardian if under 18 years:

(Last) (First) (Middle Initial)

Please list age(s) of each participant: _____

Address _____
(Street and Number) (Apartment)

(City) (State) (Zip Code)

Home Phone: () _____ May we leave a message Yes No

Cell Phone: () _____ May we leave a message Yes No

Other Phone: () _____ May we leave a message Yes No

Email: () _____ May we email you: Yes No

Other Email: () _____ May we email you Yes No

Referred by: _____

What would you like to accomplish in counseling? (This is an optional question)