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Adolescent and Adult Counseling

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Confidential Intake Form

General Information

(Please Print)

Today's Date: _____ Referred by: _____

Full name: _____ Name you prefer: _____

Date of Birth: ____ / ____ / ____ Age: _____ Gender: Male Female

Marital Status: Single Married Separated Divorced Widower

Employer: _____ Occupation: _____

Home address: _____

City: _____ State: _____ Zip code: _____

May I send mail here: Yes No

Home Phone: _____ May I leave a message? Yes No

Work phone: _____ May I leave a message? Yes No

Cell phone: _____ May I leave a message? Yes No

Email: _____ May I email you? Yes No

*Please note: Email correspondence is not considered to be a confidential medium of communication.

Preferred method of contact: _____

In case of emergency, contact:

Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____