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ADULT INTAKE FORM

The information is to help us better understand you and your situation. Please fill out as completely as you can. All information will be held in strict confidence, and released only with your consent. Exceptions to this will be discussed with you by your counselor.

DATE: _____

CLIENT INFORMATION

Last Name: _____ First Name: _____ MI: _____
Address: _____
Street City State Zip Code Home Phone Cell Phone
Emergency Contact: _____ Relationship: _____ Phone: _____
Email Address: _____ Date of Birth: _____
EMPLOYER: _____ PHONE: _____

RESPONSIBLE PARTY (if not the client)

Full Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

BILLING INFORMATION

Insurance Company: _____ Phone number: _____
Name of Subscriber (policy holder): _____ DOB: _____
Address: _____ Phone Number: _____
Member ID# _____ Group ID# _____

EDUCATION: High School _____ College _____ Graduated _____
Major _____ Professional Education _____

PARENTS: Father's Occupation: _____ Living _____ (If deceased, give date)
Mother's Occupation: _____ Living _____
Were your parents separated or divorced? _____ If so, indicate your age when the
Separation occurred. _____
Brothers and Sisters (list from oldest to youngest, including yourself). Underline half-
brothers and/or half-sisters _____

PRESENT MARRIAGE: Spouse's Name: _____ Date of Marriage: _____
Children: _____
(Ages and Sex)

PREVIOUS MARRIAGES: (List dates of marriages, dates terminated, how terminated, and ages and sex of any children from those marriages. _____

RELIGION: Church Affiliation: _____ Pastor _____

Do you find religion: satisfying _____ challenging _____ dull _____ meaningless _____ irrelevant _____

HEALTH: General condition of your health:

Physical disabilities related to your problem? Yes _____ No _____ If yes, indicate their nature:

PRESENT

MEDICATION: _____

PREVIOUS COUNSELING OR PSYCHOTHERAPY:

From whom:

Address:

Approximate dates:

PLEASE COMPLETE THE FOLLOWING SENTENCES:

I came here today

My Marriage

Fun for me

Growing up in my family

If I could change one thing

Six months from now

Signed: _____ Date: _____