



Today's Date:

905 JEFFERSON ST.
SUITE 500-K
LAFAYETTE, LA 70501
337.473.2354

INTAKE FORM

LANE K. DAVID, LPC

GENERAL INFORMATION

NAME (FIRST, MIDDLE, LAST):

SOCIAL SECURITY NUMBER:

BIRTHDATE:

AGE:

GENDER/PRONOUNS:

STREET ADDRESS:

CITY/STATE/ZIPCODE:

CELL PHONE:

WORK PHONE:

EMAIL:

OKAY TO SEND TEXT MESSAGE? Y N
PREFERRED CONTACT METHOD:

CELL PHONE:

WORK PHONE:

EMPLOYER:

YEARS/MONTHS?

POSITION/TITLE:

INSURANCE: Y N

INSURANCE CARRIER:

MEMBER ID:

EMERGENCY CONTACT INFORMATION

NAME:

RELATIONSHIP TO CLIENT:

TELEPHONE NUMBER:

PLEASE PRINT THIS FORM, FILL IT OUT, AND BRING IT WITH YOU TO YOUR FIRST APPOINTMENT.