



COUNSELING INTAKE FORM

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Basic Information

Name: _____ Age: _____ Date: _____

Full Address: _____

Date of Birth: _____ SSN _____

Home Phone: _____ May I leave a Message? Y N

Cell Phone: _____ May I text? Y N

Email Address: _____ May I send an email? Y N

Marital Status: Single Married Separated Divorced In a Relationship

Children:

Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone Number: _____ Address: _____

Presenting Challenges and Problem History

Describe why you are seeking therapeutic services:

What challenges would you like to overcome?

