

Terry Abell, Mental Health Counseling, LMHC
Cert. Intern Supervisor.
www.TerryAbell.com
850-792-5609
counseling@terryabell.com

Intake Form

CONTACT INFORMATION

Name: _____ Date of Birth: _____

Address: _____ City/State: _____

Zip: _____

Best phone to reach you at: _____

Emergency contact name & relation to you :

Phone(s): _____

MEDICAL INFORMATION:

Have you had counseling in the past? _____ Are you presently seeing
another counselor? _____

Any special medical problems or conditions?

Currently taking any medications?

Any other information I should know about you?

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INSURANCE INFORMATION:

(Please fill out if you plan to use insurance to pay)

Name of Company: _____

Name of insured if other than you _____

I authorize the use of this information on all insurance submissions. I have received and read the Appointment & Fees Policy and the HIPPA privacy agreement.

Signature _____ Date _____

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