

Intake Form

Name	Date of Birth	
Couple Counseling only: Spouse/Partner's Name		
Date of Birth		
Street Address	City, State	Zip
Couple Counseling only: Spouse/Partner's Address, if different		City, State
		Zip
How did you hear about me?		
<input type="checkbox"/> Psychology Today Listing <input type="checkbox"/> Pauljlachance.com Website <input type="checkbox"/> Referred by:		
Children:		
_____	Age _____	<input type="checkbox"/> Living Together <input type="checkbox"/> Apart*
_____	Age _____	<input type="checkbox"/> Living Together <input type="checkbox"/> Apart*
_____	Age _____	<input type="checkbox"/> Living Together <input type="checkbox"/> Apart*
_____	Age _____	<input type="checkbox"/> Living Together <input type="checkbox"/> Apart*
*Child/Children's address:		
Primary Contact information: Indicate whether you prefer to be contacted by phone or by email.		
Phone:	Preference	Email:
	<input type="checkbox"/>	<input type="checkbox"/>
Primary Contact information: Indicate whether you prefer to be contacted by phone or by email.		
Phone:	Preference	Preference
	<input type="checkbox"/>	<input type="checkbox"/>
<p>If you give me permission to send emails, I may send information and updates related to my practice and handouts or weblinks which we discuss and that may be of interest to you in support of your treatment. I will not use email or text for treatment purposes other than pre-arranged reminders. Be aware that text and email may not be secure, and I cannot guarantee the privacy of the information you send to me or receive from me.</p>		