



COUNSELING INTAKE FORM

Please complete the form below. Follow-up will occur within one to two weeks.

SUBMISSION DATE	
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PERSONAL INFORMATION

NAME	
PRONOUNS	
DATE OF BIRTH (MM/DD/YYYY)	

CONTACT INFORMATION

ADDRESS			
CITY		STATE	
COUNTRY		ZIP	
PHONE		TYPE	
EMAIL			

PREFERRED METHOD OF CONTACT?	PHONE	TEXT	EMAIL
IS IT OKAY TO LEAVE A MESSAGE?			
SECONDARY PHONE NUMBER?			
IS IT OKAY TO LEAVE A MESSAGE?			

INSURANCE Affirmations is authorized to bill some insurances.

COMPANY	GROUP #	ENROLLEE ID #
BLUE CROSS PPO		
BLUE CROSS TRADITIONAL		
BLUE CROSS (type unknown)		
NO INSURANCE		
OTHER		

To Submit: Scan completed form and send to lreyes@goaffirmations.org.

By Mail: % Lilianna Angel Reyes, Program Services Director, Affirmations.
290 W. Nine Mile Rd. | Ferndale, MI 48220 | 248-398-7105



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COUNSELING INFORMATION

COUNSELING REQUEST: INDIVIDUAL OR COUPLES THERAPY? If requesting both, you will see two separate therapists.	
INDIVIDUAL	COUPLES

WHAT ARE YOUR REASONS FOR SEEKING COUNSELING?	
AVAILABILITY? Be specific.	

HOW DID YOU HEAR ABOUT AFFIRMATIONS' COUNSELING PROGRAM?
QUESTIONS OR COMMENTS?

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