

Affirmations' Counseling Intake

Please fill out form or send intake information to Lilianna Angel Reyes, Program Services Director, at LReyes@goaffirmations.org

We will get back with you within 1-2 weeks of intake submission. Required fields are marked with *

Personal Information

- 1) *Name: _____
- 2) *Address: _____
- 3) *City: _____
- 4) *State: _____
- 5) *Zip/Postal Code: _____
- 6) *Country: _____
- 7) Gender Pronouns Used (she, he, zer, zir, per, etc): _____
- 8) *Date of Birth (MM/DD/YYYY): _____

Contact Information

- 1) *What is your preferred method of contact": Phone, Text, Email
- 2) *Primary Phone Number: _____
- 3) *Phone Type: Cell/Mobile, Home, Work
- 4) *Is it ok to leave a message?
- 5) Secondary Phone Number: _____
- 6) Secondary Phone Type: Cell/Mobile, Home, Work
- 7) *Email Address: _____

Counseling Information

- 1) *What kind of counseling is being requested: Individual or Couples?
If requesting both individual and couples you will need to see two separate therapists

- 2) *Affirmations is authorized to bill some insurances for services rendered. This list will continue to grow. What type of insurance coverage do you have?
 - a. Blue Cross- PPO
 - b. Blue Cross- Traditional
 - c. Blue Cross- Unsure which type
 - d. No Health Insurance
 - e. Other: _____

- 3) What is your reason for seeking counseling?: _____

- 4) What is your availability to meet? Be specific: _____

- 5) How did you hear about our Counseling Program?: _____

- 6) Additional Comments: _____

Thank you for taking the time to complete this intake.