



SHANNON E. SMITH, LPC

Counseling, Consultation & Training

Intake information:

Last Name

First Name

Middle Name

Home Address

City

State

Zip

Date of Birth

Gender

Pronouns

Cell Phone: _____ OK to leave a message? Yes No

Text appointment reminders? Yes No

Work/Home/Other Phone: _____ OK to leave a message? Yes No

Email: _____ Appointment reminders? Yes No

**Please note: Email and text correspondence are not considered to be confidential mediums of communication.*

Emergency Contact Person

Emergency Contact Number

Insurance information:

Name of insured

Last Name

First Name

Relationship

Date of Birth

Social Security Number

Insured Place of Employment

Member ID Number

Group Number

Plan Number

Name of Insurance

Phone

Insurance Address

City

State

Zip

Comments: _____
