



Black Mountain Counseling Center Intake Form

Date: _____ | Assigned Client Number: _____
For office use only.

Contact Information

Client Name: _____ | Date of Birth: _____

Parent/Guardian (if minor): _____ | Parent/Guardian Date of Birth: _____

Street Address, City, State, Zip: _____

Home Phone: _____ | Mobile Phone: _____

Is it okay to leave messages? Yes No | Email: _____

Would you like appointment reminders sent to you via email? Yes No

Demographics

Gender: Male Female | Religious Preference: _____

Marital Status: Single Married Divorced Other

Race and Ethnicity: African American Asian Caucasian Hispanic
 Native American Pacific Islander Slavic Other

ESL (English as a Second Language)

Household Information

Gross Household Yearly Income: (*Circle One*)

< \$10,000 \$10-19,000 \$20-29,000 \$30-39,000 \$40-49,999 \$50-59,000 >\$60,000

Family Size (# of people living in household): _____

Insurance Provider: _____ Insurance ID #: _____

Please email a copy of your insurance card to office@blackmountaincounseling.org