

CLIENT INTAKE FORM

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May we confirm appointments? NO YES: Phone Call / Text / Email

Name of client: _____

Gender: M / F

Address: _____

Street City State Zip

Contact Phone: _____

Contact Email: _____

Birthday: _____ Age: _____ Race: _____

SSN: _____

Current grade: _____ or

Occupation: _____

Person to contact in emergency: _____ Phone: _____

Address: _____ Relationship to you: _____

Referred by: (circle one) minister, attorney, another client, relative, friend, other

Name of Referring Party: _____

Please attach copy of insurance card.