

Keirsten J. Roath, LCSW
1350 Terry Road
Plainfield, Indiana 46168
317-750-1177
keirsten@kjroath.com

Counseling Intake Form

Name: _____ Phone: _____

Address: _____ Date of Birth: _____

Email: _____

Referred By: _____

Reason(s) for Seeking Services: _____

Previous Counseling? If yes, where and when: _____

Are you taking any medications regularly? If yes, what: _____

Family Members who may be involved in my treatment:

My concerns & Questions about being in counseling: _____

Emergency Contact Name and Number: _____

If you would like to use your health insurance, please provide your carrier, subscriber number and group number:

