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Secure contact information can be found at www.portland-counseling-therapy.com
Please refer to my Communications Policy for best contact methods

Client Intake Form: Couples

Today's Date: _____

Partners:

Name: _____ Age: _____ Sex/Gender: _____

Name: _____ Age: _____ Sex/Gender: _____

Address 1: _____

Address 2: _____

Phone:

Shared: _____ Okay to leave messages? Yes No

Personal: (name: _____) _____ Okay to leave
messages? Yes No

Personal: (name: _____) _____ Okay to leave
messages? Yes No

Which number should I call regarding appointments or other general information?

Who suggested you come to me for services? _____

May I contact this person or agency to acknowledge the referral? Yes No