

Roy Huggins, LPC NCC

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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: Individuals

Name: _____ Today's Date: _____

Address: _____

Phone:

Preferred: _____ Okay to leave messages? Yes No
Secondary: _____ Okay to leave messages? Yes No

Birthdate: _____ Age: _____ Sex/Gender: _____ Marital
Status: _____

Occupation: _____ Education: _____

Name and number of an emergency contact person: _____

Please list any medications you are taking: _____

Who suggested you come to me for services? _____

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