

**Black Mountain Counseling Center
Intake**

Date: _____

Client Name: _____ **Date of Birth:** _____

Parent/Guardian (if minor): _____

Parent/Guardian Date of Birth: _____

Address Street, City, State, Zip: _____

Home Phone: _____ **Mobile Phone:** _____

Is it okay to leave messages? Yes No

Email: _____

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)

Gross Household Yearly Income:

< \$20,000 \$20-29,000 \$30-39,000 \$40-49,999 \$50-59,000

>\$60,000

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

Insurance: _____

Insurance ID #: _____